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The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 2005 VAC Supplement includes final regulations published through *Virginia Register* Volume 21, Issue 11, dated February 7, 2005). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
<b>Title 1. Administration</b>			
1 VAC 55-30-10 through 1 VAC 55-30-90 emer	Added	21:19 VA.R. 2599-2602	5/16/05-5/15/06
<b>Title 3. Alcoholic Beverages</b>			
3 VAC 5-30-10	Amended	21:19 VA.R. 2530	6/29/05
3 VAC 5-30-30	Amended	21:19 VA.R. 2531	6/29/05
3 VAC 5-30-60	Amended	21:19 VA.R. 2532	6/29/05
3 VAC 5-30-70	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-20	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-20	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-40	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-50	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-50	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-70-220	Added	21:19 VA.R. 2533	6/29/05
<b>Title 4. Conservation and Natural Resources</b>			
4 VAC 20-170-10 emer	Amended	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-170-30 emer	Amended	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-170-30	Amended	21:18 VA.R. 2372	5/1/05
4 VAC 20-252-50	Amended	21:13 VA.R. 1824	2/2/05
4 VAC 20-252-55	Amended	21:13 VA.R. 1824	2/2/05
4 VAC 20-252-130	Amended	21:13 VA.R. 1825	2/2/05
4 VAC 20-252-135 emer	Added	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-252-135	Added	21:18 VA.R. 2372	5/1/05
4 VAC 20-252-150	Amended	21:13 VA.R. 1825	2/2/05
4 VAC 20-252-160	Amended	21:13 VA.R. 1826	2/2/05
4 VAC 20-320-20 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-320-20	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-320-65 emer	Added	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-320-65	Added	21:18 VA.R. 2373	5/1/05
4 VAC 20-430-10 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-10	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-430-15 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-15	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-430-65 emer	Added	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-65	Added	21:18 VA.R. 2373	5/1/05
4 VAC 20-450-30	Amended	21:13 VA.R. 1827	2/2/05
4 VAC 20-620-40	Amended	21:14 VA.R. 1992	3/1/05
4 VAC 20-620-50	Amended	21:14 VA.R. 1993	3/1/05
4 VAC 20-620-60	Amended	21:14 VA.R. 1993	3/1/05
4 VAC 20-620-70	Amended	21:14 VA.R. 1994	3/1/05
4 VAC 20-720-10 emer	Amended	21:12 VA.R. 1563	2/1/05-2/28/05
4 VAC 20-720-20 emer	Amended	21:12 VA.R. 1563	2/1/05-2/28/05
4 VAC 20-720-20	Amended	21:14 VA.R. 1994	3/1/05
4 VAC 20-720-40 emer	Amended	21:12 VA.R. 1564	2/1/05-2/28/05
4 VAC 20-720-40	Amended	21:14 VA.R. 1995	3/1/05
4 VAC 20-720-49 emer	Added	21:14 VA.R. 2016	3/1/05-3/9/05

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

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4 VAC 20-720-50 emer	Amended	21:12 VA.R. 1564	2/1/05-2/28/05
4 VAC 20-720-50	Amended	21:14 VA.R. 1995	3/1/05
4 VAC 20-720-60 emer	Amended	21:12 VA.R. 1565	2/1/05-2/28/05
4 VAC 20-720-110 emer	Amended	21:12 VA.R. 1565	2/1/05-2/28/05
4 VAC 20-910	Erratum	21:20 VA.R. 2736	--
4 VAC 20-910-45	Amended	21:13 VA.R. 1827	2/2/05
4 VAC 20-920-45	Added	21:8 VA.R. 914	12/1/04
4 VAC 20-950-45	Amended	21:16 VA.R. 2191	4/1/05
4 VAC 20-950-48	Amended	21:13 VA.R. 1828	2/2/05
4 VAC 20-1065-10 through 4 VAC 20-1065-40	Added	21:12 VA.R. 1523	2/1/05
4 VAC 20-1080-10 through 4 VAC 20-1080-50 emer	Added	21:16 VA.R. 2221	4/1/05-4/30/05
4 VAC 20-1080-10 through 4 VAC 20-1080-50	Added	21:18 VA.R. 2374	5/1/05
<b>Title 6. Criminal Justice and Corrections</b>			
6 VAC 20-130-60	Amended	21:16 VA.R. 2192	5/18/05
6 VAC 20-180-10 through 6 VAC 20-180-50	Amended	21:14 VA.R. 1996-1998	4/20/05
6 VAC 20-180-60	Added	21:14 VA.R. 1998	4/20/05
6 VAC 35-140-10	Amended	21:19 VA.R. 2534	7/1/05
6 VAC 35-140-20	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-22	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-23	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-24	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-30	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-40	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-45	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-50 through 6 VAC 35-140-90	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-110 through 6 VAC 35-140-140	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-170 through 6 VAC 35-140-190	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-192	Added	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-200 through 6 VAC 35-140-230	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-250 through 6 VAC 35-140-270	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-275	Added	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-280	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-290	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-295	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-300 through 6 VAC 35-140-350	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-385 through 6 VAC 35-140-389	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-400	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-430 through 6 VAC 35-140-500	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-510	Repealed	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-530	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-540	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-545	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-550 through 610	Amended	21:19 VA.R. 2538-2540	7/1/05
6 VAC 35-140-615	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-620	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-630	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-660	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-670	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-680	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-685	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-690	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-700	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-701 through 6 VAC 35-140-709	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-711 through 6 VAC 35-140-715	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-730 through 6 VAC 35-140-770	Amended	21:19 VA.R. 2540	7/1/05

# Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
<b>Title 8. Education</b>			
8 VAC 20-21-580	Amended	21:15 VA.R. 2111	5/5/05
8 VAC 20-90-10	Amended	21:14 VA.R. 1999	5/2/05
8 VAC 20-90-30	Amended	21:14 VA.R. 2000	5/2/05
8 VAC 20-90-40	Amended	21:14 VA.R. 2003	5/2/05
8 VAC 20-90-70	Amended	21:14 VA.R. 2003	5/2/05
8 VAC 20-210-10	Erratum	21:13 VA.R. 1941	--
8 VAC 20-520-5 emer	Added	21:14 VA.R. 2016	3/1/05-2/28/06
8 VAC 20-520-10 emer	Repealed	21:14 VA.R. 2017	3/1/05-2/28/06
8 VAC 20-520-20 through 8 VAC 20-520-60 emer	Added	21:14 VA.R. 2017-2018	3/1/05-2/28/06
8 VAC 20-680-10	Added	21:12 VA.R. 1559	5/9/05
8 VAC 20-680-20	Added	21:12 VA.R. 1559	5/9/05
8 VAC 20-690-10 through 8 VAC 20-690-50	Added	21:12 VA.R. 1525	3/29/05
8 VAC 20-700-10 through 8 VAC 20-700-50 (emer)	Added	21:13 VA.R. 1928-1929	2/16/05-2/15/06
<b>Title 9. Environment</b>			
9 VAC 5-10-20	Amended	21:15 VA.R. 2112	5/4/05
9 VAC 5-20-204	Amended	21:15 VA.R. 2119	5/4/05
9 VAC 5-40-6620	Amended	21:15 VA.R. 2120	5/4/05
9 VAC 5-40-7260	Erratum	21:13 VA.R. 1941	--
9 VAC 5-40-7270	Erratum	21:13 VA.R. 1941	--
9 VAC 5-50-260	Amended	21:19 VA.R. 2577	8/29/05
9 VAC 5-60-92	Added	21:19 VA.R. 2577	8/29/05
9 VAC 5-80-1100	Amended	21:19 VA.R. 2577	8/29/05
9 VAC 5-80-1110	Amended	21:19 VA.R. 2578	8/29/05
9 VAC 5-80-1120	Amended	21:19 VA.R. 2583	8/29/05
9 VAC 5-80-1140	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1160	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1170	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1280	Amended	21:19 VA.R. 2585	8/29/05
9 VAC 5-80-1290	Amended	21:19 VA.R. 2586	8/29/05
9 VAC 5-80-1300	Amended	21:19 VA.R. 2586	8/29/05
9 VAC 5-80-1320	Amended	21:19 VA.R. 2587	8/29/05
9 VAC 5-91-20	Amended	21:19 VA.R. 2541	6/29/05
9 VAC 5-91-160	Amended	21:19 VA.R. 2547	6/29/05
9 VAC 5-91-180	Amended	21:19 VA.R. 2547	6/29/05
9 VAC 5-91-740	Amended	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-741	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-742	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-743	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-750	Amended	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-760	Amended	21:19 VA.R. 2548	6/29/05
9 VAC 20-20-20	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-40	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-60	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-80	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-100	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-110 through 9 VAC 20-20-150	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-160	Added	21:20 VA.R. 2669	7/13/05
9 VAC 20-30-30	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-50	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-70 through 9 VAC 20-30-120	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-130	Added	21:20 VA.R. 2671	7/13/05
9 VAC 20-40-20	Amended	21:20 VA.R. 2671	7/13/05
9 VAC 20-40-40 through 9 VAC 20-40-150	Amended	21:20 VA.R. 2671-2680	7/13/05
9 VAC 20-40-160	Added	21:20 VA.R. 2680	7/13/05
9 VAC 20-50-20	Amended	21:20 VA.R. 2680	7/13/05

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 20-50-40 through 9 VAC 20-50-100	Amended	21:20 VA.R. 2680-2693	7/13/05
9 VAC 20-50-110	Added	21:20 VA.R. 2693	7/13/05
9 VAC 20-70-290	Amended	21:20 VA.R. 2693	7/13/05
9 VAC 20-80 (Forms)	Amended	21:13 VA.R. 1930	--
9 VAC 20-130 (Forms)	Amended	21:13 VA.R. 1930	--
9 VAC 25-31-10	Erratum	21:13 VA.R. 1941	--
9 VAC 25-31-100	Erratum	21:14 VA.R. 2022	--
9 VAC 25-31-120	Erratum	21:13 VA.R. 1941	--
9 VAC 25-260-5	Amended	21:18 VA.R. 2375	*
9 VAC 25-260-10	Amended	21:18 VA.R. 2375	*
9 VAC 25-260-50	Amended	21:18 VA.R. 2377	*
9 VAC 25-260-185	Added	21:18 VA.R. 2377	*
9 VAC 25-260-186	Added	21:18 VA.R. 2379	*
9 VAC 25-260-350	Amended	21:18 VA.R. 2379	*
9 VAC 25-720-50	Amended	21:12 VA.R. 1526	3/23/05
9 VAC 25-720-60	Amended	21:17 VA.R. 2302	6/1/05
9 VAC 25-720-80	Amended	21:12 VA.R. 1527	3/23/05
9 VAC 25-720-80	Amended	21:17 VA.R. 2302	6/1/05
9 VAC 25-720-90	Amended	21:12 VA.R. 1527	3/23/05
9 VAC 25-720-100	Amended	21:17 VA.R. 2303	6/1/05
9 VAC 25-720-130	Amended	21:12 VA.R. 1528	3/23/05
9 VAC 25-720-130	Amended	21:17 VA.R. 2303	6/1/05
<b>Title 11. Gaming</b>			
11 VAC 10-180-10	Amended	21:16 VA.R. 2197	5/18/05
11 VAC 10-180-20	Amended	21:16 VA.R. 2193	3/31/03
11 VAC 10-180-20	Amended	21:16 VA.R. 2198	5/18/05
11 VAC 10-180-30	Repealed	21:16 VA.R. 2199	5/18/05
11 VAC 10-180-40	Repealed	21:16 VA.R. 2200	5/18/05
11 VAC 10-180-50	Repealed	21:16 VA.R. 2200	5/18/05
11 VAC 10-180-60	Amended	21:16 VA.R. 2194	3/31/03
11 VAC 10-180-60 through 11 VAC 10-180-90	Amended	21:16 VA.R. 2202-2207	5/18/05
11 VAC 10-180-80	Amended	21:16 VA.R. 2196	3/31/03
11 VAC 10-180-85	Added	21:16 VA.R. 2206	5/18/05
11 VAC 10-180-90	Amended	21:16 VA.R. 2197	3/31/03
11 VAC 10-180-100	Added	21:16 VA.R. 2207	5/18/05
11 VAC 10-180-110	Added	21:16 VA.R. 2207	5/18/05
<b>Title 12. Health</b>			
12 VAC 5-410-10	Amended	21:12 VA.R. 1561	5/9/05
12 VAC 5-590-10	Amended	21:13 VA.R. 1829	4/6/05
12 VAC 5-590-140	Amended	21:16 VA.R. 2209	5/18/05
12 VAC 5-590-150	Amended	21:16 VA.R. 2212	5/18/05
12 VAC 5-590-370	Amended	21:13 VA.R. 1835	4/6/05
12 VAC 5-590-410	Amended	21:13 VA.R. 1860	4/6/05
12 VAC 5-590-420	Amended	21:13 VA.R. 1863	4/6/05
12 VAC 5-590-500	Amended	21:13 VA.R. 1879	4/6/05
12 VAC 5-590-530	Amended	21:13 VA.R. 1880	4/6/05
12 VAC 5-590-540	Amended	21:13 VA.R. 1886	4/6/05
12 VAC 5-590-550	Amended	21:13 VA.R. 1890	4/6/05
12 VAC 5-590, Appendix L	Amended	21:13 VA.R. 1891	4/6/05
12 VAC 5-590, Appendix M	Amended	21:13 VA.R. 1897	4/6/05
12 VAC 5-590, Appendix O	Amended	21:13 VA.R. 1901	4/6/05
12 VAC 30-40-290	Amended	21:15 VA.R. 2128	6/20/05
12 VAC 30-40-300	Amended	21:15 VA.R. 2130	6/20/05

\* Upon filing a notice of EPA approval with the Registrar of Regulations.

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-50-490 emer	Amended	21:12 VA.R. 1566	2/1/05-1/31/06
12 VAC 30-50-520 emer	Amended	21:20 VA.R. 2715	5/27/05-5/26/06
12 VAC 30-60-40 emer	Amended	21:20 VA.R. 2716	7/1/05-6/30/06
12 VAC 30-60-70	Amended	21:19 VA.R. 2592	8/15/05
12 VAC 30-60-350 emer	Amended	21:20 VA.R. 2717	7/1/05-6/30/06
12 VAC 30-70-291 emer	Amended	21:20 VA.R. 2720	5/12/05-5/11/06
12 VAC 30-70-301	Amended	21:14 VA.R. 2014	6/6/05
12 VAC 30-70-331	Amended	21:20 VA.R. 2696	7/14/05
12 VAC 30-80-40	Amended	21:15 VA.R. 2121	7/1/05
12 VAC 30-90-41	Amended	21:15 VA.R. 2136	7/1/05
12 VAC 30-90-41 emer	Amended	21:20 VA.R. 2717	7/1/05-6/30/06
12 VAC 30-120-10 through 12 VAC 30-120-60 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-380 emer	Amended	21:20 VA.R. 2721	7/1/05-6/30/06
12 VAC 30-120-490 through 12 VAC 30-120-550 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-700 emer	Amended	21:12 VA.R. 1568	2/1/05-1/31/06
12 VAC 30-120-710 emer	Amended	21:12 VA.R. 1572	2/1/05-1/31/06
12 VAC 30-120-720 emer	Amended	21:12 VA.R. 1572	2/1/05-1/31/06
12 VAC 30-120-730 emer	Amended	21:12 VA.R. 1576	2/1/05-1/31/06
12 VAC 30-120-740 emer	Amended	21:12 VA.R. 1578	2/1/05-1/31/06
12 VAC 30-120-750 emer	Amended	21:12 VA.R. 1579	2/1/05-1/31/06
12 VAC 30-120-752 emer	Amended	21:12 VA.R. 1580	2/1/05-1/31/06
12 VAC 30-120-753 emer	Amended	21:12 VA.R. 1582	2/1/05-1/31/06
12 VAC 30-120-754 emer	Amended	21:12 VA.R. 1583	2/1/05-1/31/06
12 VAC 30-120-756 emer	Amended	21:12 VA.R. 1584	2/1/05-1/31/06
12 VAC 30-120-758 emer	Amended	21:12 VA.R. 1585	2/1/05-1/31/06
12 VAC 30-120-760 emer	Amended	21:12 VA.R. 1586	2/1/05-1/31/06
12 VAC 30-120-762 emer	Amended	21:12 VA.R. 1586	2/1/05-1/31/06
12 VAC 30-120-764 emer	Amended	21:12 VA.R. 1587	2/1/05-1/31/06
12 VAC 30-120-766 emer	Amended	21:12 VA.R. 1588	2/1/05-1/31/06
12 VAC 30-120-768 emer	Amended	21:12 VA.R. 1590	2/1/05-1/31/06
12 VAC 30-120-770 emer	Amended	21:12 VA.R. 1592	2/1/05-1/31/06
12 VAC 30-120-772 emer	Amended	21:12 VA.R. 1596	2/1/05-1/31/06
12 VAC 30-120-774 emer	Amended	21:12 VA.R. 1597	2/1/05-1/31/06
12 VAC 30-120-776 emer	Amended	21:12 VA.R. 1598	2/1/05-1/31/06
12 VAC 30-120-780 emer	Repealed	21:12 VA.R. 1600	2/1/05-1/31/06
12 VAC 30-120-790 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-900 through 12 VAC 30-120-990 emer	Added	21:12 VA.R. 1601-1619	2/1/05-1/31/06
12 VAC 30-141-200 emer	Amended	21:20 VA.R. 2721	7/1/05-6/30/06
12 VAC 30-141-500	Amended	21:19 VA.R. 2549	6/29/05
<b>Title 13. Housing</b>			
13 VAC 5-63-110	Erratum	21:14 VA.R. 2021	--
<b>Title 15. Judicial</b>			
15 VAC 5-50-10 through 15 VAC 5-50-210	Repealed	21:17 VA.R. 2304	4/13/05
15 VAC 5-60-10 through 15 VAC 5-60-240	Repealed	21:17 VA.R. 2304	4/13/05
<b>Title 18. Professional and Occupational Licensing</b>			
18 VAC 50-22-100	Amended	21:20 VA.R. 2696	8/1/05
18 VAC 50-22-140	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-22-170	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-22-250	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-30-90	Amended	21:20 VA.R. 2698	8/1/05
18 VAC 50-30-120	Amended	21:20 VA.R. 2698	8/1/05
18 VAC 50-30-130	Amended	21:20 VA.R. 2699	8/1/05
18 VAC 60-20-10	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-16	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-17	Added	21:19 VA.R. 2550	6/29/05

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 60-20-20	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-20	Amended	21:19 VA.R. 2555	6/29/05
18 VAC 60-20-50 through 18 VAC 60-20-90	Amended	21:19 VA.R. 2551-2552	6/29/05
18 VAC 60-20-91	Added	21:19 VA.R. 2555	6/29/05
18 VAC 60-20-105	Amended	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-106	Added	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-107	Added	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-110	Amended	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-120	Amended	21:19 VA.R. 2553	6/29/05
18 VAC 60-20-130	Repealed	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-135	Added	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-190	Amended	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-195	Amended	21:19 VA.R. 2554	6/29/05
18 VAC 62-20-10 through 18 VAC 62-20-180	Added	21:20 VA.R. 2700-2706	7/15/05
18 VAC 65-20-15	Added	21:18 VA.R. 2380	6/15/05
18 VAC 75-40-10	Added	21:16 VA.R. 2215	5/18/05
18 VAC 75-40-20	Added	21:16 VA.R. 2215	5/18/05
18 VAC 75-40-30	Added	21:16 VA.R. 2215	5/18/05
18 VAC 76-20-60	Amended	21:19 VA.R. 2556	6/29/05
18 VAC 76-40-10	Amended	21:19 VA.R. 2596	8/15/05
18 VAC 85-20-30	Amended	21:20 VA.R. 2707	7/13/05
18 VAC 85-20-100	Amended	21:20 VA.R. 2707	7/13/05
18 VAC 85-20-330	Amended	21:19 VA.R. 2597	8/15/05
18 VAC 90-20-230	Amended	21:20 VA.R. 2708	7/13/05
18 VAC 95-10-10	Amended	21:18 VA.R. 2380	7/1/05
18 VAC 95-10-20	Amended	21:18 VA.R. 2380	7/1/05
18 VAC 95-20-10	Amended	21:18 VA.R. 2381	7/1/05
18 VAC 95-20-471	Added	21:19 VA.R. 2557	6/29/05
18 VAC 100-20-53	Added	21:20 VA.R. 2709	8/1/05
18 VAC 100-20-54	Amended	21:20 VA.R. 2708	8/1/05
18 VAC 100-20-81	Amended	21:20 VA.R. 2709	8/1/05
18 VAC 105-20-41	Added	21:18 VA.R. 2382	6/15/05
18 VAC 110-20-15	Added	21:15 VA.R. 2122	5/4/05
18 VAC 112-20-26	Added	21:19 VA.R. 2557	6/29/05
18 VAC 120-40-50	Amended	21:20 VA.R. 2712	8/1/05
18 VAC 125-15-10	Added	21:20 VA.R. 2712	7/13/05
18 VAC 125-15-20	Added	21:20 VA.R. 2712	7/13/05
18 VAC 125-15-30	Added	21:20 VA.R. 2712	7/13/05
<b>Title 19. Public Safety</b>			
19 VAC 30-70-210	Amended	21:18 VA.R. 2382	4/15/05
<b>Title 20. Public Utilities and Telecommunications</b>			
20 VAC 5-315 (Forms)	Amended	21:19 VA.R. 2603	--
20 VAC 5-315-20	Amended	21:18 VA.R. 2387	4/26/05
20 VAC 5-315-30	Amended	21:18 VA.R. 2388	4/26/05
20 VAC 5-315-40	Amended	21:18 VA.R. 2388	4/26/05
20 VAC 5-315-90	Repealed	21:18 VA.R. 2389	4/26/05
<b>Title 22. Social Services</b>			
22 VAC 15-30-10	Amended	21:12 VA.R. 1528	6/1/05
22 VAC 15-30-30	Amended	21:12 VA.R. 1532	6/1/05
22 VAC 15-30-50	Amended	21:12 VA.R. 1532	6/1/05
22 VAC 15-30-70	Amended	21:12 VA.R. 1533	6/1/05
22 VAC 15-30-80	Amended	21:12 VA.R. 1533	6/1/05
22 VAC 15-30-90	Amended	21:12 VA.R. 1533	6/1/05
22 VAC 15-30-110	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-140	Amended	21:12 VA.R. 1534	6/1/05

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
22 VAC 15-30-150	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-160	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-180	Amended	21:12 VA.R. 1535	6/1/05
22 VAC 15-30-190	Amended	21:12 VA.R. 1535	6/1/05
22 VAC 15-30-200	Amended	21:12 VA.R. 1536	6/1/05
22 VAC 15-30-200	Erratum	21:13 VA.R. 1941	--
22 VAC 15-30-230	Amended	21:12 VA.R. 1536	6/1/05
22 VAC 15-30-250	Amended	21:12 VA.R. 1537	6/1/05
22 VAC 15-30-260	Amended	21:12 VA.R. 1537	6/1/05
22 VAC 15-30-290	Amended	21:12 VA.R. 1538	6/1/05
22 VAC 15-30-310 through 22 VAC 15-30-390	Amended	21:12 VA.R. 1538-1542	6/1/05
22 VAC 15-30-410	Amended	21:12 VA.R. 1542	6/1/05
22 VAC 15-30-430	Amended	21:12 VA.R. 1543	6/1/05
22 VAC 15-30-440	Amended	21:12 VA.R. 1543	6/1/05
22 VAC 15-30-451	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-461	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-471	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-490	Amended	21:12 VA.R. 1546	6/1/05
22 VAC 15-30-500	Amended	21:12 VA.R. 1547	6/1/05
22 VAC 15-30-510	Amended	21:12 VA.R. 1547	6/1/05
22 VAC 15-30-520	Amended	21:12 VA.R. 1548	6/1/05
22 VAC 15-30-540 through 22 VAC 15-30-670	Amended	21:12 VA.R. 1548-1556	6/1/05
22 VAC 15-30-575	Erratum	21:13 VA.R. 1941	--
22 VAC 15-30-585	Added	21:12 VA.R. 1550	6/1/05
22 VAC 15-51-50	Amended	21:20 VA.R. 2713	7/13/05
22 VAC 30-40-10	Amended	21:16 VA.R. 2215	5/18/05
22 VAC 30-40-70	Amended	21:16 VA.R. 2217	5/18/05
22 VAC 30-40-130	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 30-40-140	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 30-40-150	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 40-90-10 through 22 VAC 40-90-60	Amended	21:18 VA.R. 2393	7/1/05
22 VAC 40-90-70	Added	21:18 VA.R. 2395	7/1/05
22 VAC 40-170-10	Amended	21:19 VA.R. 2558	8/1/05
22 VAC 40-170-20	Repealed	21:19 VA.R. 2559	8/1/05
22 VAC 40-170-30 through 22 VAC 40-170-210	Amended	21:19 VA.R. 2560-2567	8/1/05
22 VAC 40-170-230	Amended	21:19 VA.R. 2567	8/1/05
22 VAC 40-191-40	Amended	21:18 VA.R. 2395	7/1/05
22 VAC 40-191-50	Amended	21:18 VA.R. 2399	7/1/05
22 VAC 40-191-90	Amended	21:18 VA.R. 2400	7/1/05
22 VAC 40-660-10 through 22 VAC 40-660-100	Repealed	21:19 VA.R. 2568	8/1/05
22 VAC 40-661-10 through 22 VAC 40-661-90	Added	21:19 VA.R. 2568-2572	8/1/05
<b>Title 24. Transportation and Motor Vehicles</b>			
24 VAC 30-41-30	Amended	21:13 VA.R. 1911	4/6/05
24 VAC 30-41-50	Amended	21:13 VA.R. 1913	4/6/05
24 VAC 30-41-110	Amended	21:13 VA.R. 1913	4/6/05
24 VAC 30-41-190	Amended	21:13 VA.R. 1914	4/6/05
24 VAC 30-41-210	Amended	21:13 VA.R. 1915	4/6/05
24 VAC 30-41-220	Amended	21:13 VA.R. 1916	4/6/05
24 VAC 30-41-230	Amended	21:13 VA.R. 1916	4/6/05
24 VAC 30-41-250	Amended	21:13 VA.R. 1917	4/6/05
24 VAC 30-41-280	Amended	21:13 VA.R. 1917	4/6/05
24 VAC 30-41-290	Amended	21:13 VA.R. 1918	4/6/05
24 VAC 30-41-300	Amended	21:13 VA.R. 1918	4/6/05
24 VAC 30-41-310	Amended	21:13 VA.R. 1918	4/6/05
24 VAC 30-41-320	Amended	21:13 VA.R. 1919	4/6/05
24 VAC 30-41-350	Amended	21:13 VA.R. 1920	4/6/05

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## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
24 VAC 30-41-430	Amended	21:13 VA.R. 1920	4/6/05
24 VAC 30-41-500	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-510	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-520	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-530	Amended	21:13 VA.R. 1922	4/6/05
24 VAC 30-41-580	Amended	21:13 VA.R. 1922	4/6/05
24 VAC 30-41-650	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-41-660	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-41-680	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-91-10	Erratum	21:12 VA.R. 1776	--
24 VAC 30-91-110	Erratum	21:12 VA.R. 1776	--
24 VAC 30-91-130	Erratum	21:12 VA.R. 1776	--
24 VAC 30-620-10	Amended	21:15 VA.R. 2123	5/22/05
24 VAC 30-620-30	Amended	21:15 VA.R. 2123	5/22/05

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# NOTICES OF INTENDED REGULATORY ACTION

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## Symbol Key

† Indicates entries since last publication of the *Virginia Register*

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## TITLE 6. CRIMINAL JUSTICE AND CORRECTIONS

### CRIMINAL JUSTICE SERVICES BOARD

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Criminal Justice Services Board intends to consider amending regulations entitled **6 VAC 20-50, Rules Relating to Compulsory Minimum Training Standards for Jailors or Custodial Officers, Courthouse and Courtroom Security Officers and Process Service Officers**. The purpose of the proposed action is to update minimum training standards to be consistent with performance expectations based on an updated job task analysis.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 9.1-102 of the Code of Virginia.

Public comments may be submitted until July 13, 2005.

**Contact:** Judith Kirkendall, Job Task Analysis Administrator, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410 or e-mail [judith.kirkendall@dcjs.virginia.gov](mailto:judith.kirkendall@dcjs.virginia.gov).

VA.R. Doc. No. R05-208; Filed May 20, 2005, 11:10 a.m.



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## TITLE 12. HEALTH

### STATE BOARD OF HEALTH

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to consider amending regulations entitled **12 VAC 5-585, Biosolids Use Regulations**. The purpose of the proposed action is to provide regulations and standards for enforcement and land application site management practices, to ensure permit compliance, to address nutrient management concerns, and other related amendments.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-164.6 and 32.1-164.7 of the Code of Virginia.

Public comments may be submitted until June 29, 2005.

**Contact:** Cal Sawyer, Director, Division of Wastewater Engineering, Department of Health, 109 Governor St., 5th

Floor, Richmond, VA 23219, telephone (804) 864-7463, FAX (804) 864-7475 or e-mail [cal.sawyer@vdh.virginia.gov](mailto:cal.sawyer@vdh.virginia.gov).

VA.R. Doc. No. R05-190; Filed May 10, 2005, 2:53 p.m.

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-50, Amount, Duration and Scope of Medical and Remedial Care Services**. The purpose of the proposed action is to discontinue coverage of erectile dysfunction drugs for sex offenders.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until July 27, 2005.

**Contact:** Brian McCormick, Policy and Research Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8856, FAX (804) 786-1680 or e-mail [brian.mccormick@dmas.virginia.gov](mailto:brian.mccormick@dmas.virginia.gov).

VA.R. Doc. No. R05-212; Filed May 27, 2005, 9:18 a.m.

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-60, Standards Established and Methods Used to Assure High Quality Care**, and **12 VAC 30-90, Methods and Standards for Establishing Payment Rates for Long-Term Care**. The purpose of the proposed action is to provide additional reimbursement (\$10 per day) to nursing facilities for residents who require specialized treatment beds due to their having at least one treatable Stage IV pressure ulcer.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until July 13, 2005.

**Contact:** Suzanne Klaas, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4239, FAX (804) 786-1680 or e-mail [suzanne.klaas@dmas.virginia.gov](mailto:suzanne.klaas@dmas.virginia.gov).

VA.R. Doc. No. R05-198; Filed May 25, 2005, 1:27 p.m.

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# Notices of Intended Regulatory Action

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## Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-70, Methods and Standards for Establishing Payment Rates; Inpatient Hospital Care**. The purpose of the proposed action is to provide, for qualifying hospitals, additional indirect medical education (IME) payment to hospitals based on their NICU utilization, above and beyond the IME payment calculated for the hospitals every year.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until July 13, 2005.

**Contact:** Steve Ford, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7355, FAX (804) 786-1680 or e-mail [steve.ford@dmass.virginia.gov](mailto:steve.ford@dmass.virginia.gov).

VA.R. Doc. No. R05-194; Filed May 12, 2005, 4:09 p.m.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-120, Waivered Services**, and **12 VAC 30-141, Family Access to Medical Insurance Security Plan**. The purpose of the proposed action is to delete the list of dental services that do not require prior authorization, add that certain dental services and limited oral surgery procedures require preauthorization as described in the Dental Provider Manual, and reference prior dental preauthorization for FAMIS benefits reimbursement.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until July 13, 2005.

**Contact:** Daniel Plain, Health Care Services Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4218, FAX (804) 786-1680 or e-mail [daniel.plain@dmass.virginia.gov](mailto:daniel.plain@dmass.virginia.gov).

VA.R. Doc. No. R05-196; Filed May 12, 2005, 1:21 p.m.

## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

### DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Professional and Occupational Regulation intends to consider amending regulations entitled **18 VAC 120-40, Virginia Professional Boxing and Wrestling Events Regulations**. The purpose of the proposed action is to make clarifying changes and add regulation of mixed martial arts and similar contests.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-831 of the Code of Virginia.

Public comments may be submitted until July 13, 2005.

**Contact:** Karen W. O'Neal, Deputy Director for Licensing and Regulation, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475 or e-mail [karen.oneal@dpor.virginia.gov](mailto:karen.oneal@dpor.virginia.gov).

VA.R. Doc. No. R05-200; Filed May 19, 2005, 11:44 a.m.

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## TITLE 22. SOCIAL SERVICES

### CHILD DAY-CARE COUNCIL

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Child Day-Care Council intends to consider amending regulations entitled **22 VAC 15-10, Public Participation Guidelines**. The purpose of the proposed action is to make editorial changes throughout the regulation to improve clarity. 22 VAC 15-10-40 will be amended to reflect the provisions of Chapter 241 of the 2002 Acts of Assembly, which changed the provisions for a person to petition the council to take rulemaking action. 22 VAC 10-15-50 will be amended to reflect the statutory changes of Chapter 717 of the 1995 Acts of Assembly, which make publication of proposed regulations in a newspaper of general circulation discretionary rather than mandatory.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 2.2-4007 and 63.2-1735 of the Code of Virginia.

Public comments may be submitted until July 27, 2005.

**Contact:** Richard Martin, Manager, Office of Legislative and Regulatory Affairs, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7902, FAX (804) 726-7906 or email [richard.martin@dss.virginia.gov](mailto:richard.martin@dss.virginia.gov).

VA.R. Doc. No. R05-223; Filed June 10, 2005, 8:26 a.m.

## STATE BOARD OF SOCIAL SERVICES

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled **22 VAC 40-80, General Procedures and Information for Licensure**. The purpose of the proposed action is to conform the regulation with legislative changes passed by the 2005 General Assembly relating to terms of license, administrative sanctions, and hearings procedures.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 63.2-217, 63.2-1732, 63.2-1733 and 63.2-1734 of the Code of Virginia.

Public comments may be submitted until July 27, 2005.

**Contact:** Kathryn Thomas, Program Development Consultant, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7158, FAX (804) 726-7132 or email [kathryn.thomas@dss.virginia.gov](mailto:kathryn.thomas@dss.virginia.gov).

VA.R. Doc. No. R05-222; Filed June 10, 2005, 8:26 a.m.



## TITLE 24. TRANSPORTATION AND MOTOR VEHICLES

### DEPARTMENT OF MOTOR VEHICLES

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Motor Vehicles intends to consider promulgating regulations entitled **24 VAC 20-81, Hauling Permits**. The purpose of the proposed action is to establish requirements for the issuance of permits to haul overweight and over dimension vehicles over the highways of Virginia.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 46.2-1128 of the Code of Virginia.

Public comments may be submitted until July 27, 2005.

**Contact:** Ron Thompson, Senior Policy Analyst, Department of Motor Vehicles, P.O. Box 27412, Richmond, VA 23269-0001, telephone (804) 367-1844, FAX (804) 367-6631, toll-free (800) 435-5137 or email [ronald.thompson@dmv.virginia.gov](mailto:ronald.thompson@dmv.virginia.gov).

VA.R. Doc. No. R05-220; Filed June 8, 2005, 10 a.m.



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# PROPOSED REGULATIONS

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For information concerning Proposed Regulations, see Information Page.

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## Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text.  
Language which has been stricken indicates proposed text for deletion.

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## TITLE 12. HEALTH

### STATE BOARD OF HEALTH

**REGISTRAR'S NOTICE:** Due to its length, 12 VAC 5-481 is not being published. However, in accordance with § 2.2-4031 of the Code of Virginia, a summary is being published in lieu of the full text. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and at the Department of Health (see contact information below) and is accessible on the Virginia Register of Regulations website at:

<http://legis.state.va.us/codecomm/register/vol 21/iss21/p12v5481full.doc>

**Titles of Regulations:** 12 VAC 5-480. Radiation Protection Regulations (repealing 12 VAC 5-480-10 through 12 VAC 5-480-8920).

**12 VAC 5-481. Virginia Radiation Protection Regulations (adding 12 VAC 5-481-10 through 12 VAC 5-481-3670).**

**Statutory Authority:** § 32.1-229 of the Code of Virginia.

**Public Hearing Date:** N/A -- Public comments may be submitted until August 29, 2005.

(See Calendar of Events section for additional information)

**Agency Contact:** Les Foldesi, Director, Radiological Health Program, Department of Health, 109 Governor Street, Richmond, VA 23219, telephone (804) 864-8150, FAX (804) 864-7902, or e-mail [les.foldesi@vdh.virginia.gov](mailto:les.foldesi@vdh.virginia.gov).

**Basis:** Section 32.1-229 of the Code of Virginia authorizes the Board of Health (board) to require the licensure and inspection of radioactive materials facilities, and mandates inspections of mammography facilities. Section 32.1-229.1 requires the board to promulgate regulations for the registration, inspection, and certification of X-ray machines and set the criteria for private inspectors.

**Purpose:** The existing regulation is being replaced in its entirety due to the numerous changes in radiation protection practices since its effective date on July 6, 1988. The harmful effects of radiation are well known, as well as the many beneficial applications of radiation in industry and healthcare. Adequate regulatory controls for the useful application of radiation are necessary to protect the health, safety and welfare of citizens.

The goals of promulgating the proposed regulation are to provide the Commonwealth's citizens the same level of protection from radiation exposure as other citizens in the nation or those employed at federal facilities in the Commonwealth, reduce unnecessary exposure to radiation, and improve the diagnostic quality of clinical imaging and

accurate delivery of therapeutic doses of radiation to patients. One of the biggest problems with the use of radiation in the healing arts is the need for accurate and reproducibility delivery of radiation to film or other imaging devices for successful clinical diagnosis, or delivery of therapeutic radiation doses to patients for successful treatment. The proposed regulation incorporates current performance standards to address this problem.

**Substance:** The proposed regulation includes major changes regarding:

US. Nuclear Regulatory Commission's (NRC) implemented major changes to the Radiation Protection Standards (10 CFR Part 21) in 1992, and again in 2001.

Congress passed the Mammography Quality Standards Act of 1992 (MQSA) that provided dual regulatory authority to state and federal governments for the regulation of mammography facilities. The MQSA regulations were implemented in 1994 and revised in 2001. The existing regulation does not have standards specific to mammography machines, nor qualifications for private inspectors consistent with the federal regulations.

The Suggested State Regulations (SSRs) published by the Conference of Radiation Control Program Directors that form the basis for VDH's Radiation Protection Regulations have been revised several times since 1988 to include standards for new X-ray equipment, exposure limits and to improve image quality. The SSRs also include revisions for radioactive materials licensing comparable to revised federal standards.

Mammography Legislation - Chapters 271 and 936 of the 2000 Acts of Assembly. Chapters 271 and 936 require the Department of Health to conduct inspections of mammography machines, and requires facilities to inform patients before leaving the facility whether the image quality is adequate. The existing regulations do not have performance standards specific to mammography machines.

Radioactive Materials Legislation - Chapter 755 of the 1999 Acts of Assembly authorizes VDH to impose civil penalties on licensees who violate the conditions of their license or the regulation.

**Issues:** The advantage of the proposed regulation is that businesses regulated by both federal agencies and VDH will operate under identical standards, which will eliminate some confusion, particularly with respect to occupational worker standards and X-ray machine performance standards. Another advantage for healthcare professionals and patients is the expectation that the application of radiation will meet nationally recognized performance standards and improve the quality of healthcare.

The advantage of the proposed regulation to the agency is that fewer interpretations of the regulation will be needed for new radiation machines or materials that were developed since the promulgation of the existing regulation and not addressed. Another advantage is that agency staff will no longer need to take additional time to explain regulatory differences to facilities that are dually regulated by another federal agency.

There are no disadvantages to the public or the Commonwealth in promulgating the proposed regulation.

The agency may expect public comments regarding the credentials of X-ray machine operators that may go beyond licensure by any of the boards in the Department of Health Professions. There may be requests to adopt quality control programs in other areas of diagnostic and therapeutic radiology similar to the federal mammography program, or certification requirements under the agency's Certificate of Public Need Program. There is interest in the medical community and the Food and Drug Administration regarding operator training and credentials for interventional fluoroscopy.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

**Summary of the proposed regulation.** The State Board of Health (board) proposes to update the existing outdated radiation protection regulations. Due to numerous updates, the board proposes to replace the entire regulation with a new set of rules. However, all the procedural changes and standards being proposed are currently being followed and enforced in practice. Thus, upon promulgation of the proposed regulation, no significant economic impact is expected, other than the benefits that could result from updating the regulations to reflect current practice.

**Estimated economic impact.** These regulations contain limits, registration and inspection requirements, and procedural rules to prevent human exposure to dangerous levels of radiation from medical and industrial applications and research and educational activities. Approximately 220 facilities that possess naturally occurring or artificially produced radioactive materials and that do not fall under federal regulations are subject to these regulations. In addition, approximately 17,000 X-ray machines are certified, registered, and inspected under these rules.

These regulations were promulgated in 1988 and have not been updated since. However, many of the standards and

requirements have changed since then. These changes have been implemented in practice, but not in the regulation. The purpose of the proposed rulemaking is to replace the entire regulation with up-to-date standards and requirements that are currently being followed in practice. The proposed major changes include incorporating (i) up-to-date radiation protection standards of the U.S. Nuclear Regulatory Commission, (ii) requirements of the federal Mammography Quality Standards Act of 1992, (iii) standards included in the Suggested State Regulations of the Conference Radiation Control Program Directors, (iv) legislative requirements for mammography machines introduced by the 2000 Acts of Assembly, and (v) legislative requirements authorizing civil penalties for violations of standards introduced by the 1999 Acts of Assembly.

According to the Virginia Department of Health (the department), all the proposed changes are already being followed in practice. Thus, the promulgation of the proposed standards and procedures by themselves is not expected to create a significant economic impact. However, updated regulations are expected to better inform the public and the regulants about rules that are being enforced in practice and to reduce the potential for confusion. This, in turn, is expected to reduce communication costs for both the department and regulated entities. Also, regulations that are consistent with standards and procedures followed in practice should minimize potential litigation costs when outdated regulations are challenged.

In this isolated case, the department's approach to implementing new standards or procedural changes without going through the regulatory process and updating the regulations to reflect what has already been in practice for the last 17 years is problematic as the agency has long been operating contrary to its regulation. The lack of authority to enforce the new provisions combined with discrepancies between regulations and procedures followed in practice creates the potential for costly litigation expenses. However, this does not mean that the department would not forgo some benefits if these changes were implemented in practice only after going through the usual regulatory process, as timely response to some changes in radiation standards is probably valuable. One way to reduce potential costs associated with delay would be to more frequently update the radiation protection regulations.

**Businesses and entities affected.** The proposed regulations apply to approximately 220 facilities that possess naturally occurring or artificially produced radioactive material and that are not subject to federal regulation and approximately 6,000 entities owning about 17,000 X-ray machines.

**Localities particularly affected.** The proposed regulations apply throughout the Commonwealth.

**Projected impact on employment.** The proposed regulations are not anticipated to have a significant effect on employment as they are already being followed in practice.

**Effects on the use and value of private property.** Similarly, no significant effect on the use and value of private property is expected upon promulgation of the proposed rules.

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# Proposed Regulations

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Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The department concurs generally with the economic impact assessment prepared by DPB, but takes exception with the agency's observation that the department may have been remiss in not prosecuting in a timely manner needed regulatory changes in this highly volatile, ever-changing and complex area.

Summary:

*The Virginia Department of Health intends to abolish the existing Radiation Protection Regulations (12 VAC 5-480) and promulgate new regulations (12 VAC 5-481) that incorporate federal standards and state legislative requirements including (i) radiation protection standards of the U.S. Nuclear Regulatory Commission, (ii) requirements of the federal Mammography Quality Standards Act of 1992, (iii) standards included in the Suggested State Regulations of the Conference Radiation Control Program Directors, (iv) requirements for mammography machines passed by the 2000 Acts of Assembly, and (v) requirements authorizing civil penalties for violation of standards passed by the 1999 Acts of Assembly.*

VA.R. Doc. No. R02-157; Filed June 8, 2005, 10:06 a.m.

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## TITLE 14. INSURANCE

### STATE CORPORATION COMMISSION

**REGISTRAR'S NOTICE:** The State Corporation Commission is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 2 of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency that by the Constitution is expressly granted any of the powers of a court of record.

Title of Regulation: **14 VAC 5-170. Rules Governing Minimum Standards for Medicare Supplement Policies (amending 14 VAC 5-170-20 through 14 VAC 5-170-105, 14 VAC 5-170-120, 14 VAC 5-170-130, 14 VAC 5-170-150, 14 VAC 5-170-160, 14 VAC 5-170-190, and Appendices A through D).**

Statutory Authority: §§ 12.1-13 and 38.2-223 of the Code of Virginia.

Public Hearing Date: A public hearing will be scheduled upon request.

Public comments may be submitted until July 8, 2005.

Agency Contact: Ann Colley, Bureau of Insurance, State Corporation Commission, 1300 East Main Street, 5th Floor, Richmond, VA 23219, P. O. Box 1157, Richmond, VA 23218, telephone (804) 371-9813, FAX (804) 371-9944, (800) 552-7945, or e-mail ann.colley@scc.virginia.gov.

Summary:

*The purpose of the amendments is to incorporate changes required by federal law pursuant to the Medicare*

*Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The MMA provides prescription drug coverage through Medicare Part D. Changes are made to incorporate the Part D coverage and additional Medicare Supplement plans as authorized by the MMA. Revisions were also made to reflect the 2005 deductible and copayment amounts under Medicare.*

AT RICHMOND, JUNE 7, 2005

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

Ex Parte: In the matter of  
Adopting Revisions to the  
Rules Governing Minimum  
Standards for Medicare  
Supplement Policies

CASE NO. INS-2005-00100

ORDER TO TAKE NOTICE

Section 12.1-13 of the Code of Virginia provides that the Commission shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction, and § 38.2-223 of the Code of Virginia provides that the Commission may issue any rules and regulations necessary or appropriate for the administration and enforcement of Title 38.2 of the Code of Virginia.

The rules and regulations issued by the Commission pursuant to § 38.2-223 of the Code of Virginia are set forth in Title 14 of the Virginia Administrative Code.

The Bureau of Insurance has submitted to the Commission proposed revisions to Chapter 170 of Title 14 of the Virginia Administrative Code entitled "Rules Governing Minimum Standards for Medicare Supplement Policies," which amend the Rules at 14 VAC 5-170-20 through 14 VAC 5-170-105, 14 VAC 5-170-120 through 14 VAC 5-170-130, 14 VAC 5-170-150 through 14 VAC 5-170-160, and 14 VAC 5-170-180 through 14 VAC 5-170-190.

The proposed revisions to the rules are necessary as a result of the passage of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which requires states to amend their Medicare Supplement regulations in order to maintain certification of their state regulatory programs. The MMA provides prescription drug coverage through Medicare Part D, and revisions were made to the Rules to incorporate these requirements.

The Commission is of the opinion that the proposed revisions to Ch. 170 of Title 14 of the Virginia Administrative Code should be considered for adoption.

THEREFORE, IT IS ORDERED THAT:

(1) The proposed revisions to the "Rules Governing Minimum Standards for Medicare Supplement Policies," which amend the Rules at 14 VAC 5-170-20 through 14 VAC 5-170-105, 14 VAC 5-170-120 through 14 VAC 5-170-130, 14 VAC 5-170-150 through 14 VAC 5-170-160,

and 14 VAC 5-170-180 through 14 VAC 5-170-190, be attached hereto and made a part hereof.

(2) All interested persons who desire to comment in support of or in opposition to, or request a hearing to oppose the adoption of the proposed revisions shall file such comments or hearing request on or before July 8, 2005, in writing with the Clerk of the Commission, Document Control Center, P.O. Box 2118, Richmond, Virginia 23218 and shall refer to Case No. INS-2005-00100.

(3) If no written request for a hearing on the proposed revisions is filed on or before July 8, 2005, the Commission, upon consideration of any comments submitted in support of or in opposition to the proposed revisions, may adopt the revisions proposed by the Bureau of Insurance.

(4) AN ATTESTED COPY hereof, together with a copy of the proposed revisions, shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Jacqueline K. Cunningham, who forthwith shall give further notice of the proposed adoption of the revisions by mailing a copy of this Order, together with the proposed revisions, to all insurers licensed by the Commission to write accident and sickness insurance in the Commonwealth of Virginia.

(5) The Commission's Division of Information Resources forthwith shall cause a copy of this Order, together with the proposed revisions, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations.

(6) On or before June 14, 2005, the Commission's Division of Information Resources shall make available this Order and the attached proposed rules on the Commission's website, <http://www.state.va.us/scc/caseinfo.htm>.

(7) The Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (4) above.

#### **14 VAC 5-170-20. Applicability and scope.**

A. Except as otherwise specifically provided in 14 VAC 5-170-60, 14 VAC 5-170-110, 14 VAC 5-170-120, 14 VAC 5-170-150 and 14 VAC 5-170-200, this chapter shall apply to:

1. All Medicare supplement policies delivered or issued for delivery in this Commonwealth on or after ~~October 24, 2002~~ *September 1, 2005*; and
2. All certificates issued under group Medicare supplement policies for which certificates have been delivered or issued for delivery in this Commonwealth.

B. This chapter shall not apply to a policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

#### **14 VAC 5-170-30. Definitions.**

~~For purposes of this chapter (14 VAC 5-170) The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:~~

"Applicant" means:

1. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and
2. In the case of a group Medicare supplement policy, the proposed certificateholder.

"Attained age rating" means a premium structure under which premiums are based on the covered individual's age at the time of application of the policy or certificate, and for which premiums increase based on the covered individual's increase in age during the life of the policy or certificate.

"Bankruptcy" means when a ~~Medicare+Choice~~ *Medicare Advantage* organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in this Commonwealth.

"Certificate" means any certificate delivered or issued for delivery in this Commonwealth under a group Medicare supplement policy.

"Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

"Community rating" means a premium structure under which premium rates are the same for all covered individuals of all ages in a given area.

"Continuous period of creditable coverage" means the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual did not have a break in coverage greater than 63 days.

"Creditable coverage" means, with respect to an individual, coverage of the individual provided under any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act of 1935 (Medicare) (42 USC § 1395 et seq.);
4. Title XIX of the Social Security Act of 1935 (Medicaid) (42 USC § 1396 et seq.), other than coverage consisting solely of benefits under § 1928;
5. Chapter 55 of Title 10 of the United States Code (CHAMPUS) (10 USC §§ 1071-1107);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under the Federal Employees Health Benefits Act of 1959 (5 USC §§ 8901-8914);
9. A public health plan as defined in federal regulation; and

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# Proposed Regulations

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10. A health benefit plan under § 5(e) of the Peace Corps Act of 1961 (22 USC § 2504(e)).

"Creditable coverage" shall not include one or more, or any combination of, the following:

1. Coverage only for accident or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers' compensation or similar insurance;
5. Automobile medical expense insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics; and
8. Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

"Creditable coverage" shall not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are otherwise not an integral part of the plan:

1. Limited scope dental or vision benefits;
2. Benefits for long-term care, nursing home care, home health care, community-based care or any combination thereof; and
3. Such other similar, limited benefits as are specified in federal regulations.

"Creditable coverage" shall not include the following benefits if offered as independent, noncoordinated benefits:

1. Coverage only for a specified disease or illness; and
2. Hospital indemnity or other fixed indemnity insurance.

"Creditable coverage" shall not include the following if it is offered as a separate policy, certificate or contract of insurance:

1. Medicare supplement health insurance as defined under § 1882(g)(1) of the Social Security Act of 1935 (42 USC § 1395ss);
2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code (10 USC §§ 1071-1107); and
3. Similar supplemental coverage provided to coverage under a group health plan.

"Employee welfare benefit plan" means a plan, fund or program of employee benefits as defined in the Employee Retirement Income Security Act of 1974 (29 USC § 1002).

"Insolvency" means when an issuer, duly licensed to transact an insurance business in this Commonwealth in accordance with the provisions of Chapter 10, 41, 42 or 43, respectively, of Title 38.2 of the Code of Virginia, is determined to be

insolvent and placed under a final order of liquidation by a court of competent jurisdiction.

"Issue age rating" means a premium structure based upon the covered individual's age at the time of purchase of the policy or certificate. Under an issue age rating structure, premiums do not increase due to the covered individual's increase in age during the life of the policy or certificate.

"Issuer" includes insurance companies, fraternal benefit societies, corporations licensed pursuant to Chapter 42 of Title 38.2 of the Code of Virginia to offer health services plans, health maintenance organizations, and any other entity delivering or issuing for delivery in this Commonwealth Medicare supplement policies or certificates.

"Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965 (Public Law 89-97, 79 Stat. 286 (July 30, 1965)) Act (42 USC § 1395 et seq.), as then constituted or later amended.

"~~Medicare+Choice~~ Medicare Advantage plan" means a plan of coverage for health benefits under Medicare Part C as defined in § 1859 (42 USC § 1395w-28(b)(1) of the Social Security Act, and includes:

1. Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans;
2. Medical savings account plans coupled with a contribution into a ~~Medicare+Choice~~ Medicare Advantage medical savings account; and
3. ~~Medicare+Choice~~ Medicare Advantage private fee-for-service plans.

"Medicare supplement policy" means a group or individual policy of accident and sickness insurance or a subscriber contract of health service plans or health maintenance organizations, other than a policy issued pursuant to a contract under § 1876 of the federal Social Security Act of 1935 (42 USC § 1395 et seq.) or an issued policy under a demonstration project specified in 42 USC § 1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. *"Medicare supplement policy" does not include Medicare Advantage plans established under Medicare Part C, Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan that provides benefits pursuant to an agreement under § 1833(a)(1)(A) of the Social Security Act.*

"Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

"Secretary" means the Secretary of the United States Department of Health and Human Services.

## 14 VAC 5-170-40. Policy definitions and terms.

No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement

policy or certificate unless such policy or certificate contains definitions or terms which conform to the requirements of this section.

"Accident," "accidental injury," or "accidental means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

1. The definition shall not be more restrictive than the following: "Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force."

2. The definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers' compensation, employers' liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

"Benefit period" or "Medicare benefit period" shall not be defined more restrictively than as defined in the Medicare program.

"Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall not be defined more restrictively than as defined in the Medicare program.

"Health care expenses" means *for the purposes of 14 VAC 5-170-120*, expenses of health maintenance organizations associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers.

The expenses shall not include:

- ~~1. Home office and overhead costs;~~
- ~~2. Advertising costs;~~
- ~~3. Commissions and other acquisition costs;~~
- ~~4. Taxes;~~
- ~~5. Capital costs;~~
- ~~6. Administrative costs; and~~
- ~~7. Claims processing costs.~~

"Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined in the Medicare program.

"Medicare" shall be defined in the policy and certificate. Medicare may be substantially defined as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 (42 USC § 1395 et seq.)," or "Title I, Part I of Public Law 89-97, as enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

"Medicare eligible expenses" shall mean expenses of the kinds covered by Medicare *Parts A and B*, to the extent

recognized as reasonable and medically necessary by Medicare.

"Physician" shall not be defined more restrictively than as defined in the Medicare program.

"Sickness" shall not be defined to be more restrictive than the following:

"Sickness means illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force."

The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employers' liability or similar law.

#### **14 VAC 5-170-50. Policy provisions.**

A. Except for permitted preexisting condition clauses as described in 14 VAC 5-170-60 B 1 and 14 VAC 5-170-70 B 1, no policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.

B. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.

C. No Medicare supplement policy or certificate in force in this Commonwealth shall contain benefits which duplicate benefits provided by Medicare.

*D. 1. Subject to 14 VAC 5-170-60 B 4, 5 and 7 and 14 VAC 5-170-70 B 4 and 5, a Medicare supplement policy with benefits for outpatient prescription drugs in existence prior to January 1, 2006, shall be renewed for current policyholders who do not enroll in Part D at the option of the policyholder.*

*2. A Medicare supplement policy with benefits for outpatient prescription drugs shall not be issued after December 31, 2005.*

*3. After December 31, 2005, a Medicare supplement policy with benefits for outpatient prescription drugs shall not be renewed after the policyholder enrolls in Medicare Part D unless:*

*a. The policy is modified to eliminate outpatient prescription coverage for expenses of outpatient prescription drugs incurred after the effective date of individual's coverage under a Part D plan; and*

*b. Premiums are adjusted to reflect the elimination of outpatient prescription drug coverage at the time of Medicare Part D enrollment, accounting for any claims paid, if applicable.*

#### **14 VAC 5-170-60. Minimum benefit standards for policies or certificates issued for delivery prior to July 30, 1992.**

A. No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it meets or exceeds the

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following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

4. A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:

a. Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium; or

b. Be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

5. a. Except as authorized by the State Corporation Commission, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

b. If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in subdivision 5 d of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

(1) An individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and

(2) An individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in subsection C of this section.

c. If membership in a group is terminated, the issuer shall:

(1) Offer the certificateholder the conversion opportunities described in subdivision 5 b of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

d. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits. *Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.*

*7. If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subsection.*

C. Minimum benefit standards.

1. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

3. Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

4. Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90% of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

5. Coverage under Medicare Part A for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;

6. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year

out-of-pocket amount equal to the Medicare Part B deductible \$100;

7. Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

**14 VAC 5-170-70. Benefit standards for policies or certificates issued or delivered on or after July 30, 1992.**

A. The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this Commonwealth on or after July 30, 1992. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it complies with these benefit standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes provided that loss ratios are being met.

4. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

5. Each Medicare supplement policy shall be guaranteed renewable.

a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.

b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under subdivision 5 e of this subsection, the issuer shall offer

certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(1) Provides for continuation of the benefits contained in the group policy; or

(2) Provides for benefits that otherwise meet the requirements of this subsection.

d. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(1) Offer the certificateholder the conversion opportunity described in subdivision 5 c of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

e. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

*f. If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subdivision 5.*

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. *Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.*

7. a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed 24 months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act of 1935 (42 USC § 1396 et seq.), but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within 90 days after the date the individual becomes entitled to such assistance.

b. If such suspension occurs and if the policyholder or certificateholder loses entitlement to such medical assistance, the policy or certificate shall be automatically reinstated (effective as of the date of termination of such entitlement) as of the termination of entitlement if the policyholder or certificateholder provides notice of loss of

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entitlement within 90 days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of such entitlement.

c. Each Medicare supplement policy or certificate shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder or certificateholder is entitled to benefits under § 226 (b) of the Social Security Act (42 USC § 426) and is covered under a group health plan (as defined in § 1862(b)(1)(A)(v) of the Social Security Act (42 USC § 1395y)). If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy shall be automatically reinstated (effective as of the date of loss of coverage) if the policyholder or certificateholder provides notice of loss of coverage within 90 days after the date of the loss.

d. Reinstatement of coverages as described in subdivisions 7 b and c of this subsection:

(1) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

(2) Shall provide for *reinstated* coverage ~~which~~ *that* is substantially equivalent to coverage in effect before the date of such suspension. *If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstatement of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension; and*

(3) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

C. Standards for basic (core) benefits common to all benefit plans A through J. Every issuer shall make available a policy or certificate including only the following basic core package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic core package, but not in lieu of it.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

3. Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the ~~Diagnostic-Related-Group (DRG) day-outlier per diem~~ *applicable prospective payment system (PPS) rate*, or other appropriate Medicare standard of

payment, subject to a lifetime maximum benefit of an additional 365 days;

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

D. Standards for additional benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by 14 VAC 5-170-80.

1. Medicare Part A deductible. Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.

2. Skilled nursing facility care. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.

3. Medicare Part B deductible. Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

4. Eighty percent of the Medicare Part B excess charges. Coverage for 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

5. One hundred percent of the Medicare Part B excess charges. Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

6. Basic outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible, to a maximum of \$1,250 in benefits received by the insured per calendar year, to the extent not covered by Medicare. *The basic outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.*

7. Extended outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible to a maximum of \$3,000 in benefits received by the insured per calendar year, to the extent not covered by Medicare. *The extended outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.*

8. Medically necessary emergency care in a foreign country. Coverage to the extent not covered by Medicare for 80% of

the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

9. Preventive medical care benefit. Coverage for the following preventive health services *not covered by Medicare*:

a. An annual clinical preventive medical history and physical examination that may include tests and services from subdivision 9 b of this subsection and patient education to address preventive health care measures.

b. ~~Any one or a combination of the following~~ Preventive screening tests or preventive services, the *selection and frequency of which is considered determined to be medically appropriate: by the attending physician.*

~~(1) Digital rectal examination;~~

~~(2) Dipstick urinalysis for hematuria, bacteriuria, and proteinuria;~~

~~(3) Pure tone (air only) hearing screening test, administered or ordered by a physician;~~

~~(4) Serum cholesterol screening (every five years);~~

~~(5) Thyroid function test;~~

~~(6) Diabetes screening.~~

~~c. Tetanus and Diphtheria booster (every 10 years).~~

~~d. Any other tests or preventive measures determined appropriate by the attending physician.~~

Reimbursement shall be for the actual charges up to 100% of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of \$120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

10. At-home recovery benefit. Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.

a. For purposes of this benefit, the following definitions shall apply:

"Activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

"Care provider" means a duly qualified or licensed home health aide or homemaker, personal care aide or nurse

provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

"Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

"At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a care provider is one visit.

b. Coverage requirements and limitations:

(1) At-home recovery services provided must be primarily services which assist in activities of daily living.

(2) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare; and

(3) Coverage is limited to:

(a) No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare approved home health care visits under a Medicare approved home care plan of treatment;

(b) The actual charges for each visit up to a maximum reimbursement of \$40 per visit;

(c) One thousand six hundred dollars per calendar year;

(d) Seven visits in any one week;

(e) Care furnished on a visiting basis in the insured's home;

(f) Services provided by a care provider as defined in this section;

(g) At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(h) At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit.

c. Coverage is excluded for:

(1) Home care visits paid for by Medicare or other government programs; and

(2) Care provided by family members, unpaid volunteers or providers who are not care providers.

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~~11. New or innovative benefits. An issuer may, with the prior approval of the State Corporation Commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.~~

## E. Standards for Plans K and L.

1. Standardized Medicare supplement benefit plan "K" shall consist of the following:

a. Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;

b. Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;

c. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;

d. Medicare Part A deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

e. Skilled nursing facility care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

f. Hospice care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

g. Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

h. Except for coverage provided in subdivision 1 j of this subsection, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

i. Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

j. Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of \$4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

2. Standardized Medicare supplement benefit plan "L" shall consist of the following:

a. The benefits described in subdivisions 1 a, b, c and i of this subsection;

b. The benefit described in subdivisions 1 d, e, f, g and h of this subsection, but substituting 75% for 50%; and

c. The benefit described in subdivision 1 j of this subsection, but substituting \$2,000 for \$4,000.

## 14 VAC 5-170-80. Standard Medicare supplement benefit plans.

A. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic core benefits, as defined in 14 VAC 5-170-70 C.

B. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this Commonwealth, except as may be permitted in ~~14 VAC 5-170-70 D 11~~ subsection G of this section and 14 VAC 5-170-90.

C. Benefit plans shall be uniform in structure, language, designation, and format to the standard benefit plans "A" through "L" listed in this subsection and conform to the definitions in 14 VAC 5-170-30. Each benefit shall be structured in accordance with the format provided in 14 VAC 5-170-70 C and , D, or E and list the benefits in the order shown in this subsection. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.

D. An issuer may use, in addition to the benefit plan designations required in subsection C, other designations to the extent permitted by law.

E. Make-up of benefit plans:

1. Standardized Medicare supplement benefit plan "A" shall be limited to the basic (core) benefits common to all benefit plans, as defined in 14 VAC 5-170-70 C.

2. Standardized Medicare supplement benefit plan "B" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible as defined in 14 VAC 5-170-70 D 1.

3. Standardized Medicare supplement benefit plan "C" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, and

medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, and 8 respectively.

4. Standardized Medicare supplement benefit plan "D" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 8, and 10 respectively.

5. Standardized Medicare supplement benefit plan "E" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and preventive medical care as defined in 14 VAC 5-170-70 D 1, 2, 8, and 9 respectively.

6. Standardized Medicare supplement benefit plan "F" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, and 8 respectively.

7. Standardized Medicare supplement benefit high deductible plan "F" shall include only the following: 100% of covered expenses following the payment of the annual high deductible plan "F" deductible. The covered expenses include the core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, and 8 respectively. The annual high deductible plan "F" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "F" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be \$1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of \$10.

8. Standardized Medicare supplement benefit plan "G" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 80% of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 4, 8, and 10 respectively.

9. Standardized Medicare supplement benefit plan "H" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, basic prescription drug benefit and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 6, and 8 respectively. *The basic prescription drug benefit shall not*

*be included in a Medicare supplement policy sold after December 31, 2005.*

10. Standardized Medicare supplement benefit plan "I" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B excess charges, basic prescription drug benefit, medically necessary emergency care in a foreign country, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 5, 6, 8, and 10 respectively. *The basic prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

11. Standardized Medicare supplement benefit plan "J" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. *The extended prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

12. Standardized Medicare supplement benefit high deductible plan "J" shall include only the following: 100% of covered expenses following the payment of the annual high deductible plan "J" deductible. The covered expenses include the core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended outpatient prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care benefit, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. The annual high deductible plan "J" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "J" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be \$1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of \$10. *The extended outpatient prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

*F. Make-up of two Medicare supplement plans mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101):*

*1. Standardized Medicare supplement benefit plan "K" shall consist of only those benefits described in 14 VAC 5-170-70 E 1.*

*2. Standardized Medicare supplement benefit plan "L" shall consist of only those benefits described in 14 VAC 5-170-70 E 2.*

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*G. New or innovative benefits. An issuer may, with the prior approval of the State Corporation Commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner that is consistent with the goal of simplification of Medicare supplement policies. After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.*

## **14 VAC 5-170-90. Medicare select policies and certificates.**

A. 1. This section shall apply to Medicare Select policies and certificates, as defined in this section.

2. No policy or certificate may be advertised as a Medicare Select policy or certificate unless it meets the requirements of this section.

3. A Medicare Select issuer subject to these rules is deemed a health carrier responsible for a "managed care health insurance plan" or "MCHIP" as defined in § 38.2-5800 of the Code of Virginia.

B. For the purposes of this section:

"Complaint" means any dissatisfaction expressed by an individual concerning a Medicare Select issuer or its network providers.

"Grievance" means dissatisfaction expressed in writing by an individual insured under a Medicare Select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare Select issuer or its network providers.

"Medicare Select issuer" means an issuer offering, or seeking to offer, a Medicare Select policy or certificate.

"Medicare Select policy" or "Medicare Select certificate" mean respectively a Medicare supplement policy or certificate that contains restricted network provisions.

"Network provider" means a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare Select policy.

"Restricted network provision" means any provision which conditions the payment of benefits, in whole or in part, on the use of network providers.

"Service area" means the geographic area within which an issuer is authorized to offer a Medicare Select policy.

C. The State Corporation Commission may authorize an issuer to offer a Medicare Select policy or certificate, pursuant to this section and § 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (42 USC § 1395ss(t)) if the State Corporation Commission finds that the issuer has satisfied all of the requirements of this chapter. The State Corporation Commission shall, in lieu of the requirements set forth in subsections D, E, and F of this section, accept a

Certificate of Quality Assurance issued by the Virginia Commissioner of Health pursuant to § 32.1-137.2 A of the Code of Virginia, provided that the Virginia Commissioner of Health has issued such a certificate. If the Virginia Commissioner of Health has reviewed the application of the issuer and has denied or disapproved a Certificate of Quality Assurance, or has revoked a Certificate of Quality Assurance previously issued, the issuer's plan of operation shall be deemed not to be in compliance with the requirements of this section, and the issuer shall not be authorized to offer Medicare Select policies or certificates in this Commonwealth.

D. A Medicare Select issuer shall not issue a Medicare Select policy or certificate in this Commonwealth until its plan of operation has been approved by the State Corporation Commission.

E. A Medicare Select issuer shall file a proposed plan of operation with the State Corporation Commission in a format prescribed by the State Corporation Commission. The plan of operation shall contain at least the following information:

1. Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:

a. Services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.

b. The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:

(1) To deliver adequately all services that are subject to a restricted network provision; or

(2) To make appropriate referrals.

c. There are written agreements with network providers describing specific responsibilities.

d. Emergency care is available 24 hours per day and seven days per week.

e. In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subdivision shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.

2. A statement or map providing a clear description of the service area.

3. A description of the grievance procedure to be utilized.

4. A description of the quality assurance program, including:

a. The formal organizational structure;

b. The written criteria for selection, retention, and removal of network providers; and

c. The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.

5. A list and description, by specialty, of the network providers.

6. Copies of the written information proposed to be used by the issuer to comply with subsection I of this section.

7. Any other information requested by the State Corporation Commission.

F. 1. A Medicare Select issuer shall file any proposed changes to the plan of operation, except for changes to the list of network providers, with the State Corporation Commission prior to implementing such changes. Such changes shall be approved or disapproved in writing by the State Corporation Commission within 30 days after receipt of a complete filing by the State Corporation Commission. Such changes shall be considered approved by the State Corporation Commission after 30 days unless specifically disapproved in writing. Within 10 days after approval of such changes by the State Corporation Commission, the issuer shall provide a copy of the approved changes to the Virginia Department of Health (VDH) at its Center for Quality Health Care Services and Consumer Protection. A copy of the notice to VDH shall be filed with the State Corporation Commission.

2. An updated list of network providers shall be filed with the State Corporation Commission at least quarterly.

G. A Medicare Select policy or certificate shall not restrict payment for covered services provided by non-network providers if:

1. The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and

2. It is not reasonable to obtain such services through a network provider.

H. A Medicare Select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.

I. A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:

1. An outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare Select policy or certificate with:

a. Other Medicare supplement policies or certificates offered by the issuer; and

b. Other Medicare Select policies or certificates.

2. A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals, and other providers.

3. A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized. *Except to the extent specified in the policy or certificate, expenses incurred when using out-of-network providers do not count toward the out-of-pocket annual limit contained in Plans K and L.*

4. A description of coverage for emergency and urgently needed care and other out-of-service area coverage.

5. A description of limitations on referrals to restricted network providers and to other providers.

6. A description of the policyholder's rights to purchase any other Medicare supplement policy or certificate otherwise offered by the issuer.

7. A description of the Medicare Select issuer's quality assurance program and grievance procedure.

J. Prior to the sale of a Medicare Select policy or certificate, a Medicare Select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to subsection I of this section and that the applicant understands the restrictions of the Medicare Select policy or certificate.

K. A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.

1. The grievance procedure shall be described in the policy and certificates and in the outline of coverage.

2. At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.

3. Grievances shall be considered in a timely manner and shall be transmitted to appropriate decision makers who have authority to fully investigate the issue and take corrective action.

4. If a grievance is found to be valid, corrective action shall be taken promptly.

5. All concerned parties shall be notified about the results of a grievance.

6. The issuer shall report no later than each March 31st to the State Corporation Commission regarding its grievance procedure. The report shall be in a format prescribed by the State Corporation Commission and shall contain the number of grievances filed in the past year and a summary of the subject, nature, and resolution of such grievances.

L. At the time of initial purchase, a Medicare Select issuer shall make available to each applicant for a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate otherwise offered by the issuer.

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M. 1. At the request of an individual insured under a Medicare Select policy or certificate, a Medicare Select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare Select policy or certificate has been in force for six months.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, ~~coverage for prescription drugs,~~ coverage for at-home recovery services or coverage for Part B excess charges.

N. Medicare Select policies and certificates shall provide for continuation of coverage in the event the Secretary determines that Medicare Select policies and certificates issued pursuant to this section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.

1. Each Medicare Select issuer shall make available to each individual insured under a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, ~~coverage for prescription drugs,~~ coverage for at-home recovery services or coverage for Part B excess charges.

O. A Medicare Select issuer shall comply with reasonable requests for data made by state or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

## **14 VAC 5-170-100. Open enrollment.**

A. An issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this Commonwealth, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an

issuer shall be made available to all applicants who qualify under this subsection without regard to age.

B. 1. If an applicant qualifies under subsection A of this section and submits an application during the time period referenced in subsection A and, as of the date of application, has had a continuous period of creditable coverage of at least six months, the issuer shall not exclude benefits based on a preexisting condition.

2. If the applicant qualifies under subsection A of this section and submits an application during the time period referenced in subsection A and, as of the date of application, has had a continuous period of creditable coverage that is less than six months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The Secretary shall specify the manner of the reduction under this subsection.

C. Except as provided in subsection B of this section, 14 VAC 5-170-105, and 14 VAC 5-170-210, subsection A shall not be construed as preventing the exclusion of benefits under a policy, during the first six months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was otherwise diagnosed during the six months before the coverage became effective.

## **14 VAC 5-170-105. Guaranteed issue for eligible persons.**

A. Guaranteed issue provisions follow:

1. Eligible persons are those individuals described in subsection B of this section who seek to enroll under the policy during the period specified in subsection C of this section, and who submit evidence of the date of termination ~~or~~, disenrollment, or *Medicare Part D enrollment* with the application for a Medicare supplement policy.

2. With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a Medicare supplement policy described in subsection E of this section that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.

B. An eligible person is an individual described in any of the following subdivisions:

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates, or the plan ceases to provide substantially all such supplemental health benefits to the individual;

2. The individual is enrolled with a ~~Medicare+Choice~~ *Medicare Advantage* organization under a ~~Medicare+Choice~~ *Medicare Advantage* plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All Inclusive Care for the Elderly (PACE)

provider under § 1894 of the Social Security Act (42 USC § 1395eee), and there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a ~~Medicare+Choice~~ *Medicare Advantage* plan:

- a. The certification of the organization or plan has been terminated;
- b. The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides;
- c. The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual's enrollment on the basis described in § 1851(g)(3)(B) of the federal Social Security Act (42 USC § 1395w-21) (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under § 1856 of the Social Security Act (42 USC § 1395w-26)), or the plan is terminated for all individuals within a residence area;
- d. The individual demonstrates, in accordance with guidelines established by the Secretary, that:
  - (1) The organization offering the plan substantially violated a material provision of the organization's contract under § 1859 of the Social Security Act (42 USC §§ 1395w-21 et seq.) in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or
  - (2) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or
- e. The individual meets such other exceptional conditions as the Secretary may provide.

3. a. The individual is enrolled with:

- (1) An eligible organization under a contract under § 1876 of the Social Security Act (Medicare cost);
- (2) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;
- (3) An organization under an agreement under § 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or
- (4) An organization under a Medicare Select policy; and

b. The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under subdivision B 2 of this section.

4. The individual is enrolled under a Medicare supplement policy and the enrollment ceases because:

- a. (1) Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or
- (2) Of other involuntary termination of coverage or enrollment under the policy;
- b. The issuer of the policy substantially violated a material provision of the policy; or
- c. The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual.

5. a. The individual was enrolled under a Medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any ~~Medicare+Choice~~ *Medicare Advantage* organization under a ~~Medicare+Choice~~ *Medicare Advantage* plan under Part C of Medicare, any eligible organization under a contract under § 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under § 1894 of the Social Security Act (42 USC § 1395 eee), or a Medicare Select policy; and

- b. The subsequent enrollment under subdivision 5 a of this subsection is terminated by the enrollee during any period within the first 12 months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under § 1851(e) of the federal Social Security Act) (42 USC § 1395w-21); or

6. The individual, upon first becoming eligible for benefits under Part A of Medicare at age 65, enrolls in a ~~Medicare+Choice~~ *Medicare Advantage* plan under Part C of Medicare, or with a PACE provider under § 1894 of the Social Security Act (42 USC § 1395eee) and disenrolls from the plan or program by not later than 12 months after the effective date of enrollment; or

7. *The individual enrolls in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, was enrolled under a Medicare supplement policy that covers outpatient prescription drugs; the individual terminates enrollment in the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in subdivision E 4 of this section.*

C. Guaranteed issue time periods.

1. In the case of an individual described in subdivision B 1 of this section, the guaranteed issue period begins on the *later of (i) the date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation); or (ii) the date that the applicable coverage terminates or ceases and ends 63 days after the date of the applicable notice thereafter.*

2. In the case of an individual described in subdivisions B 2, 3, 5 or 6 of this section whose enrollment is terminated

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involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends 63 days after the date the applicable coverage is terminated.

3. In the case of an individual described in subdivision B 4 a of this section, the guaranteed issue period begins on the earlier of (i) the date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, or (ii) the date that the applicable coverage is terminated, and ends on the date that is 63 days after the date the coverage is terminated.

4. In the case of an individual described in subdivisions B 2, B 4 b, B 4 c, B 5 or B 6 of this section who disenrolls voluntarily, the guaranteed issue period begins on the date that is 60 days before the effective date of disenrollment and ends on the date that is 63 days after the effective date of the disenrollment.

5. *In the case of an individual described in subdivision B 7 of this section, the guaranteed issue period begins on the date the individual receives notice pursuant to § 1882(v) (2) (B) of the Social Security Act from the Medicare supplement issuer during the 60-day period immediately preceding the initial Part D enrollment period and ends on the date that is 63 days after the effective date of the individual's coverage under Medicare Part D.*

~~6.~~ 6. In the case of an individual described in subsection B of this section but not described in subdivisions C 1 through 4 of this subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is 63 days after the effective date of disenrollment.

## D. Extended medigap access for interrupted trial periods.

1. In the case of an individual described in subdivision B 5 of this section (or deemed to be so described pursuant to this subdivision) whose enrollment with an organization or provider described in subdivision B 5 a of this section is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment described in subdivision B 5 of this section.

2. In the case of an individual described in subdivision B 6 of this section (or deemed to be so described pursuant to this subdivision) whose enrollment with a plan or in a program described in subdivision B 6 of this section is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls in another plan or program, the subsequent enrollment shall be deemed to be an initial enrollment described in subdivision B 6 of this section.

3. For purposes of subdivisions B 5 and 6 of this section, no enrollment of an individual with an organization or provider described in subdivision B 5 a of this section, or with a plan or in a program described in subdivision B 6 of this section, may be deemed to be an initial enrollment under this subdivision after the two-year period beginning on the date

on which the individual first enrolled with such an organization provider, plan or program.

## E. The Medicare supplement policy to which eligible persons are entitled under:

1. Subdivisions B 1, 2, 3, and 4 of this section is a Medicare supplement policy which has a benefit package classified as Plan A, B, C or F, *F with a high deductible*, K, or L offered by any issuer.

2. ~~Subdivision~~ *a. Subject to subdivision 2 b of this subsection, subdivision B 5 of this section is the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or if not so available, a policy described in subdivision 1 of this subsection.*

*b. After December 31, 2005, if the individual was most recently enrolled in a Medicare supplement policy with an outpatient prescription drug benefit, a Medicare supplement policy described in this subdivision is:*

*(1) The policy available from the same issuer but modified to remove outpatient prescription drug coverage; or*

*(2) At the election of the policyholder, an A, B, C, F, F with a high deductible, K or L policy that is offered by any issuer.*

3. Subdivision B 6 of this section shall include any Medicare supplement policy offered by any issuer.

4. *Subdivision B 7 of this section is a Medicare supplement policy that has a benefit package classified as Plan A, B, C, F, F with a high deductible, K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare supplement policy with outpatient prescription drug coverage.*

## F. Notification provisions are:

1. At the time of an event described in subsection B of this section because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his rights under this section, and of the obligations of issuers of Medicare supplement policies under subsection A of this section. Such notice shall be communicated in writing contemporaneously with the notification of termination.

2. At the time of an event described in subsection B of this section because of which an individual ceases enrollment under a contract or agreement, policy or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his rights under this section, and of the obligations of issuers of Medicare supplement policies under subsection A of this section. Such notice shall be communicated in writing within 10

working days of the issuer receiving notification of disenrollment.

## **14 VAC 5-170-120. Loss ratio standards and refund or credit of premium; annual filing; public hearing.**

A. 1. Loss ratio standards. A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form:

a. At least 75% of the aggregate amount of premiums earned in the case of group policies; or

b. At least 65% of the aggregate amount of premiums earned in the case of individual policies, calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. *Incurred health care expenses where coverage is provided by a health maintenance organization shall not include:*

- (1) Home office and overhead costs;
- (2) Advertising costs;
- (3) Commissions and other acquisition costs;
- (4) Taxes;
- (5) Capital costs;
- (6) Administrative costs; and
- (7) Claims processing costs.

2. All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

3. For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet:

a. The originally filed anticipated loss ratio when combined with the actual experience since inception;

b. The appropriate loss ratio requirement from subdivisions 1 a and b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and

c. The appropriate loss ratio requirement from subdivisions 1 a and b of this subsection over the entire future period for which the rates are computed to provide coverage.

B. 1. Refund or credit calculation. An issuer shall collect and file with the State Corporation Commission by May 31 of each year the data contained in the applicable reporting form contained in Appendix A for each type in a standard Medicare supplement benefit plan.

2. If on the basis of the experience as reported the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.

3. For the purposes of this section, for policies or certificates issued prior to July 30, 1992, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after April 28, 1996. ~~The first such report shall be due by May 31, 1998.~~

4. A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due shall be made by September 30 following the experience year upon which the refund or credit is based.

C. Annual filing of premium rates. An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years. The supporting documentation shall also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:

1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing;

2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio;

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3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies;
4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at [www.actuary.org](http://www.actuary.org);
5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and
6. The premiums are reasonable in relation to the benefits provided.

As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this Commonwealth shall file with the State Corporation Commission, in accordance with the applicable filing procedures of this Commonwealth:

1. a. Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. The supporting documents as necessary to justify the adjustment shall accompany the filing.  
b. An issuer shall make such premium adjustments necessary to produce an expected loss ratio under the policy or certificate to conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.  
c. If an issuer fails to make premium adjustments acceptable to the State Corporation Commission, the State Corporation Commission may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this section.
2. Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. The riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

D. Public hearings. The State Corporation Commission may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after July 30, 1992, if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period. Public notice of the hearing shall be furnished in a manner deemed appropriate by the State Corporation Commission.

## **14 VAC 5-170-130. Filing and approval of policies and certificates and premium rates.**

A. An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this Commonwealth unless the policy form or certificate form has been filed with and approved by the State Corporation Commission in accordance with filing requirements and procedures prescribed by the State Corporation Commission.

*In addition, no rider, endorsement or amendment, including any rider, endorsement or amendment designed to delete outpatient prescription drug benefits as required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), shall be attached to or printed or stamped upon a policy or certificate form delivered or issued for delivery in this Commonwealth unless the form of the rider, endorsement or amendment has been filed with and approved by the State Corporation Commission.*

B. An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule, and supporting documentation have been filed with and approved by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission.

The filing shall also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:

1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing;
2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio;
3. The filing was prepared based on the current standards or practices as promulgated by the Actuarial Standards Board including the data quality standard of practice as described at [www.actuary.org](http://www.actuary.org);
4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and
5. The premiums are reasonable in relation to the benefits provided.

C. 1. Except as provided in subdivision 2 of this subsection, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.

2. An issuer may offer, with the approval of the State Corporation Commission, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:

- a. The inclusion of new or innovative benefits;
- b. The addition of either direct response or agent marketing methods;

c. The addition of either guaranteed issue or underwritten coverage;

d. The offering of coverage to individuals eligible for Medicare by reason of disability.

3. For the purposes of this section, a "type" means an individual policy, a group policy, an individual Medicare Select policy or a group Medicare Select policy.

D. 1. Except as provided in subdivision 1 a of this subsection, an issuer shall continue to make available for purchase any policy form or certificate form issued after July 30, 1992, that has been approved by the State Corporation Commission. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous 12 months.

a. An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the State Corporation Commission in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate.

b. An issuer that discontinues the availability of a policy form or certificate form pursuant to subdivision 1 a of this subsection shall not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the State Corporation Commission of the discontinuance. The period of discontinuance may be reduced if the State Corporation Commission determines that a shorter period is appropriate.

2. The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this subsection.

3. A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements:

a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates.

b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The State Corporation Commission may approve a change to the differential which is in the public interest.

E. 1. Except as provided in subdivision 2 of this subsection, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in 14 VAC 5-170-120.

2. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

## **14 VAC 5-170-150. Required disclosure provisions.**

### **A. General rules.**

1. Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age. Medicare supplement policies or certificates which are attained age rated shall include a clear and prominent statement, in at least 14 point type, disclosing that premiums will increase due to changes in age and the frequency under which such changes will occur.

2. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.

3. Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.

4. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have all premiums made for the policy refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6. Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person or persons eligible for Medicare shall provide to those applicants a

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# Proposed Regulations

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Guide to Health Insurance for People with Medicare in the form developed jointly by the National Association of Insurance Commissioners and the ~~Health Care Financing Administration~~ *Centers for Medicare and Medicaid Services* and in a type size no smaller than 12 point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this chapter. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.

For the purposes of this section, "form" means the language, format, type size, type proportional spacing, bold character, and line spacing.

## B. Notice requirements.

1. As soon as practicable, but no later than 30 days prior to the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the State Corporation Commission. The notice shall:

a. Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate; and

b. Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2. The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.

3. Such notices shall not contain or be accompanied by any solicitation.

*C. Issuers shall comply with any notice requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101).*

~~C.~~ D. Outline of coverage requirements for Medicare Supplement Policies.

1. Issuers shall provide an outline of coverage to all applicants at the time the application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and

2. If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than 12 point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

3. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans A-J through L shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

4. The following items shall be included in the outline of coverage in the order prescribed in the following table.

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[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page: 1 of 2  
Benefit Plan(s) \_\_\_\_\_ [insert letter(s) of plan(s) being offered]

~~Medicare supplement insurance can be sold in only ten standard plans plus two high deductible plans.\* This chart~~ *These charts* shows the benefits included in each ~~plan of the Standard Medicare Supplemental plans.~~ Every company must make available Plan "A." Some plans may not be available in your state.

*See outlines of coverages section for details about all plans.*

Basic Benefits: ~~Included in all Plans. For Plans A - J.~~

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) ~~or in the case of hospital-outpatient department services under a prospective payment system, applicable copayments for hospital outpatient services.~~

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
								Basic Drug Benefit (\$1,250 Limit)	Basic Drug Benefit (\$1,250 Limit)	Extended Drug Benefit (\$3,000 Limit)	Extended Drug Benefit (\$3,000 Limit)
				Preventive Care not covered by Medicare						Preventive Care not covered by Medicare	Preventive Care not covered by Medicare

\* Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year \$1,620 1,730 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses are \$1,620 1,730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include, in Plan J, the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign travel emergency deductible.

# Proposed Regulations

[COMPANY NAME]  
Outline of Medicare Supplement Coverage-Cover Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$4,000 Out of Pocket Annual Limit***	\$2,000 Out of Pocket Annual Limit***

\*\* Plans K and L provide for different cost-sharing for items and services than Plans A – J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

\*\*\*The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

## **PREMIUM INFORMATION**

Boldface Type

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this Commonwealth. [If the premium is based on attained age of the insured, include the following information:

1. When premiums will change;
2. The current premium for all ages;
3. A statement that premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age; and
4. A statement that while the cost of this policy at the covered individual's present age may be lower than the cost of a Medicare supplement policy that is based on issue age or community rated, it is important to compare the potential cost of these policies over the life of the policy.]

## **DISCLOSURES**

Boldface Type

Use this outline to compare benefits and premiums among policies.

## **READ YOUR POLICY VERY CAREFULLY**

**Boldface Type**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

## **RIGHT TO RETURN POLICY**

Boldface Type

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **POLICY REPLACEMENT**

Boldface Type

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

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# Proposed Regulations

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## **NOTICE**

Boldface Type

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

Boldface Type

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to 14 VAC 5-170-80.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the State Corporation Commission.]

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PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but <del>\$812</del> 912	\$0	<del>\$812</del> 912 (Part A Deductible)
61st thru 90th day	All but <del>\$203</del> 228 a day	<del>\$203</del> 228 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but <del>\$406</del> 456 a day	<del>\$406</del> 456 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but <del>\$101.50</del> 114 a day	\$0	Up to <del>\$101.50</del> 114 a day
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN A

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	<del>\$0</del>	<del>\$0</del>	<del>All Costs</del>
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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## PLAN B

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day All but <del>\$406</del> 456 a day \$0 \$0	\$812 912 (Part A Deductible) \$203 228 a day \$406 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$401.50</del> 114 a day \$0	\$0 \$0 \$0	\$0 Up to <del>\$401.50</del> 114 a day All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

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## PLAN B

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <b>Part B Excess Charges (Above Medicare Approved Amounts)</b>	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

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## PLAN C

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the Additional 365 days	All but \$812 912 All but \$203 228 a day  All but \$406 456 a day  \$0  \$0	\$812 912 (Part A Deductible) \$203 228 a day  \$406 456 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$101.50 114 a day \$0	\$0 Up to \$101.50 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN C

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$400 110 (Part B Deductible) Generally 20% \$0	\$0 \$0 All Costs
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL</b> - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## PLAN D

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day All but <del>\$406</del> 456 a day 0 0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

## PLAN D

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts*	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
Remainder of Medicare-Approved Amounts			
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	\$0 \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## PLAN E

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$293</del> 228 a day  All but <del>\$406</del> 456 a day  \$0  \$0	\$812 912 (Part A Deductible) \$293 228 a day  \$406 456 a day  100% of Medicare eligible expenses  \$0	\$0 \$0  \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

7/02

## PLAN E

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare-Approved Amounts)	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

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PLAN E

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>***PREVENTIVE MEDICAL CARE BENEFIT<sup>±</sup> - NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services such as: <del>digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education</del> , administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

# Proposed Regulations

Rev. 10/02 8/05

## PLAN F or HIGH DEDUCTIBLE PLAN F

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$~~1620~~ 1730 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$~~1620~~ 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$ <del>1620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$ <del>1620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day  All but \$ <del>406</del> 456 a day  \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day  \$ <del>406</del> 456 a day  100% of Medicare Eligible Expenses \$0	   \$0 \$0  \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>101.50</del> 114 a day \$0	\$0 Up to \$ <del>101.50</del> 114 a day \$0	  \$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

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## PLAN F or HIGH DEDUCTIBLE PLAN F

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed ~~\$400~~ 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year ~~\$4620~~ 1730 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are ~~\$4620~~ 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY <del>\$4620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO <del>\$4620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	<del>\$400</del> 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	<del>\$0</del>	<del>100%</del>	<del>All costs</del>
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	<del>\$400</del> 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES -</b> <del>BLOOD TESTS FOR DIAGNOSTIC SERVICES</del>	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY <del>\$4620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO <del>\$4620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	<del>\$400</del> 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY <del>\$4620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO <del>\$4620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL</b> - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

# Proposed Regulations

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## PLAN G

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

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## PLAN G

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% 80%	\$400 110 (Part B Deductible) \$0 20%
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	80%	20%
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>AT HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-approved visit) Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare-approved visits not to exceed 7 each week \$1,600	Balance Balance

### OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# Proposed Regulations

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## PLAN H

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$842 912 All but \$203 228 a day All but \$406 456 a day \$0 \$0	\$842 912 (Part A Deductible) \$203 228 a day \$406 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$401.50 114 a day \$0	\$0 Up to \$401.50 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN H

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50% — \$1,250 calendar year maximum benefit \$0	\$250 50% All Costs

# Proposed Regulations

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## PLAN I

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

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## PLAN I

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% 100%	\$400 110 (Part B Deductible) \$0 \$0
<b>PART B EXCESS CHARGES (Above Medicare-Approved Amounts)</b>	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<del>BLOOD TESTS FOR DIAGNOSTIC SERVICES</del> <b>CLINICAL LABORATORY SERVICES -</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>AT HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit) Calendar year maximum	\$0 \$0 \$0	Actual charges to \$40 a visit Up to the number of Medicare-Approved visits not to exceed 7 each week \$1,600	Balance Balance

### OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges*	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50% - \$1,250 calendar year maximum benefit \$0	\$250 50% All Costs

# Proposed Regulations

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PLAN J or HIGH DEDUCTIBLE PLAN J  
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year \$~~1620~~ 1730 deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are \$~~1620~~ 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's ~~separate prescription drug deductible or the plan's~~ separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$ <del>1620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$ <del>1620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

# Proposed Regulations

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## PLAN J or HIGH DEDUCTIBLE PLAN J

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year (\$1620 1730) deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are \$1620 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1620 1730 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$400 110 (Part B Deductible) Generally 20% 100%	\$0 \$0 \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> - <del>BLOOD TESTS FOR DIAGNOSTIC SERVICES</del>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0
<b>AT-HOME RECOVERY SERVICES</b> - NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	\$0 \$0	Actual charges to \$40 a visit  Up to the number of Medicare-Approved visits not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	

# Proposed Regulations

## PLAN J or HIGH DEDUCTIBLE PLAN J

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1620 1730 DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>EXTENDED OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$6,000 each calendar year  Over \$6,000 each calendar year	\$0 \$0  \$0	\$0 50% — \$3,000 calendar year maximum benefit \$0	\$250 50%  All costs
<b>***PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE***</b> Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

\*\*\*Medicare benefits are subject to change. Please consult the latest "Guide to Health Insurance for People with Medicare."

Eff. 8/05

PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies  First 60 days  61 <sup>st</sup> thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	All but \$912  All but \$228 a day  All but \$456 a day  \$0  \$0	\$456 (50% of Part A deductible)  \$228 a day  \$456 a day  100% of Medicare eligible expenses  \$0	\$456 (50% of Part A deductible)♦ \$0 \$0  \$0  All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21 <sup>st</sup> thru 100th day 101st day and after	All approved amounts All but \$114 a day \$0	\$0 Up to \$57 a day \$0	\$0 Up to \$57 a day ♦ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	50% of coinsurance or copayments	50% of coinsurance or copayments♦

# Proposed Regulations

## PLAN K

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$110 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$110 of Medicare-Approved Amounts****	\$0	\$0	\$110 (Part B deductible)**** ♦
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4000)*
<b>BLOOD</b> First 3 pints Next \$110 of Medicare Approved Amounts****	\$0	50%	50%♦
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4000 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$110 of Medicare-Approved Amounts*****	\$0	\$0	\$110 (Part B deductible) ♦
Remainder of Medicare-Approved Amounts	80%	10%	10%♦

\*\*\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

# Proposed Regulations

Eff. 8/05

## PLAN L

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$912	\$684 (75% of Part A deductible)	\$228 (25% of Part A deductible)♦
61st thru 90th day	All but \$228 a day	\$228 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$456 a day	\$456 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100th day	All but \$114 a day	Up to \$85.50 a day	Up to \$28.50 a day♦
101st day and after	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	75%	25%♦
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	75% of coinsurance or copayments	25% of coinsurance or copayments ♦

# Proposed Regulations

## PLAN L

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$110 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES -</b> <b>IN OR OUT OF THE HOSPITAL AND</b> <b>OUTPATIENT HOSPITAL</b> <b>TREATMENT, such as physician's</b> <b>services, inpatient and outpatient</b> <b>medical and surgical services and</b> <b>supplies, physical and speech</b> <b>therapy, diagnostic tests, durable</b> <b>medical equipment</b> <i>First \$110 of Medicare-Approved</i> <i>Amounts****</i>  <i>Preventive Benefits for</i> <i>Medicare-covered services</i>  <i>Remainder of Medicare-</i> <i>Approved Amounts</i>	  \$0  <i>Generally 75% or more of</i> <i>Medicare-approved</i> <i>amounts</i>  <i>Generally 80%</i>	  \$0  <i>Remainder of Medicare-</i> <i>approved amounts</i>  <i>Generally 15%</i>	  <i>\$110 (Part B deductible)**** ♦</i>  <i>All costs above Medicare-</i> <i>approved amounts</i>  <i>Generally 5% ♦</i>
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	<i>All costs (and they do not</i> <i>count toward annual out-of-</i> <i>pocket limit of \$2000)*</i>
<b>BLOOD</b> <i>First 3 pints</i> <i>Next \$110 of</i> <i>Medicare-Approved Amounts****</i>  <i>Remainder of Medicare-Approved</i> <i>Amounts</i>	\$0  \$0  <i>Generally 80%</i>	75%  \$0  <i>Generally 15%</i>	25%♦  <i>\$110 (Part B deductible) ♦</i>  <i>Generally 5%♦</i>
<b>CLINICAL LABORATORY</b> <b>SERVICES - TESTS FOR</b> <b>DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2000 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> <i>Medically necessary skilled care</i> <i>services and medical supplies</i> <i>Durable medical equipment</i>  <i>First \$110 of Medicare-Approved</i> <i>Amounts****</i>  <i>Remainder of Medicare-Approved</i> <i>Amounts</i>	  100%  \$0  80%	  \$0  \$0  15%	  \$0  <i>\$110 (Part B deductible) ♦</i>  5% ♦

\*\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

D. E. Notice regarding policies or certificates which are not Medicare supplement policies.

1. Any accident and sickness insurance policy or certificate issued for delivery in this Commonwealth to persons eligible for Medicare, other than a Medicare supplement policy, a policy issued pursuant to a contract under § 1876 of the federal Social Security Act (42 USC § 1395 et seq.), a disability income policy, or other policy identified in 14 VAC 5-170-20 B, shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than 12 point type and shall contain the following language:

"THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company."

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subdivision 1 of this subsection shall disclose, using the applicable statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.

E. F. Notice requirements for attained age rated Medicare supplement policies or certificates. Issuers of Medicare supplement policies or certificates which use attained age rating shall provide a notice to all prospective applicants at the time the application is presented, and except for direct response policies or certificates, shall obtain an acknowledgement of receipt of the notice from the applicant. The notice shall be in no less than 12 point type and shall contain the information included in Appendix D. The notice shall be provided as part of, or together with, the application for the policy or certificate.

**14 VAC 5-170-160. Requirements for application forms and replacement coverage.**

A. Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant ~~currently has another~~ Medicare supplement ~~or other~~, Medicare Advantage, Medicaid coverage, or another health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.

[Statements]

- 1. You do not need more than one Medicare supplement policy.
- 2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

4. *If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your *suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy)* will be reinstated if requested within 90 days of losing Medicaid eligibility. *If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.**

5. *If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.*

5- 6. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

[Questions]

*If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS. (Please mark yes or no below with an "X".)*

To the best of your knowledge,

- 1. ~~Do you have another Medicare supplement policy or certificate in force?~~
  - a. ~~If so, with which company?~~

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~~b. If so, do you intend to replace your current Medicare supplement policy with this policy [certificate]?~~

Yes \_\_\_ No \_\_\_

~~2. Do you have any other health insurance coverage that provides benefits similar to this Medicare supplement policy?~~

4. a. Do you have another Medicare supplement policy in force?

Yes \_\_\_ No \_\_\_

~~a. If so, with which company?~~

b. If so, with what company, and what plan do you have (optional for Direct Mailers)? \_\_\_\_\_

~~b. What kind of policy?~~

c. If so, do you intend to replace your current Medicare supplement policy with this policy?

Yes \_\_\_ No \_\_\_

~~3. Are you covered for medical assistance through the state Medicaid program:~~

~~a. As a Specified Low Income Medicare Beneficiary (SLMB)?~~

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

Yes \_\_\_ No \_\_\_

~~b. As a Qualified Medicare Beneficiary (QMB)?~~

~~c. For other Medicaid medical benefits?~~

a. If so, with what company and what kind of policy?

1. a. Did you turn age 65 in the last 6 months?

Yes \_\_\_ No \_\_\_

b. Did you enroll in Medicare Part B in the last 6 months?

Yes \_\_\_ No \_\_\_

c. If yes, what is the effective date? \_\_\_\_\_

2. Are you covered for medical assistance through the state Medicaid program?

b. What are your dates of coverage under the other policy?

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

(NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.)

Yes \_\_\_ No \_\_\_

(If you are still covered under the other policy, leave "END" blank.)

If yes,

a. Will Medicaid pay your premiums for this Medicare supplement policy?

Yes \_\_\_ No \_\_\_

b. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?

Yes \_\_\_ No \_\_\_

3. a. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

b. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

Yes \_\_\_ No \_\_\_

c. Was this your first time in this type of Medicare plan?

Yes \_\_\_ No \_\_\_

d. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

B. Agents shall list any other health insurance policies they have sold to the applicant.

1. List policies sold which are still in force.

2. List policies sold in the past five years which are no longer in force.

C. In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.

D. Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant, and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage.

E. The notice required by subsection D above for an issuer shall be provided in substantially the following form in no less than 12 point type:

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE  
ADVANTAGE**

**[Insurance company's name and address]**

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN  
THE FUTURE.**

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement insurance *or Medicare Advantage* and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement *or Medicare Advantage* coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER, AGENT [OR  
OTHER REPRESENTATIVE]:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement *or, if applicable, Medicare Advantage* coverage because you intend to terminate your existing Medicare supplement coverage *or leave your Medicare Advantage plan*. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.*

*Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment. (optional for Direct Mailers)*

- Other. (please specify)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

1. *Note: If the issuer of the Medicare supplement policy being applied for does not, or is otherwise prohibited from imposing preexisting condition limitations, please skip to statement 2 below.* Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under

the new policy, whereas a similar claim might have been payable under your present policy.

2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Agent, or Other Representative)\*

[Typed Name and Address of Issuer, or Agent]

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\*Signature not required for direct response sales.

F. Paragraphs 1 and 2 of the replacement notice (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve the application of a new preexisting conditions limitation.

**14 VAC 5-170-190. Appropriateness of recommended purchase and excessive insurance.**

A. In recommending the purchase or replacement of any Medicare supplement policy or certificate an agent shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement.

B. Any sale of a Medicare supplement ~~coverage policy or certificate~~ that will provide an individual more than one Medicare supplement policy or certificate is prohibited.

C. *An issuer shall not issue a Medicare supplement policy or certificate to an individual enrolled in Medicare Part C unless the effective date of the coverage is after the termination date of the individual's Part C coverage.*

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APPENDIX A  
MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR \_\_\_\_\_

Type <sup>1</sup> \_\_\_\_\_ SMSBP<sup>2</sup> \_\_\_\_\_

FOR THE STATE OF \_\_\_\_\_

Company Name \_\_\_\_\_

NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

Address \_\_\_\_\_

Person Completing This Exhibit \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

	(a) Earned <i>Premium</i> <sup>3</sup>	(b) Incurred <i>Claims</i> <sup>4</sup> line
--	--	--

1. Current Year's Experience

a. Total (all policy years)

b. Current year's issues <sup>5</sup>

c. Net (for reporting purposes 1a - 1b)

\_\_\_\_\_

2. Past Year's Experience

(All Policy Years)

\_\_\_\_\_

3. Total Experience (Net Current Year + Past Year's Experience)

\_\_\_\_\_

4. Refund last year (Excluding Interest)

5. Previous Since Inception (Excluding Interest)

\_\_\_\_\_

6. Refunds Since Inception (Excluding Interest)

7. Benchmark Ratio Since Inception

(See Worksheet for Ratio 1)

8. Experienced Ratio Since Inception

Total Actual Incurred Claims (line 3, col b) = Ratio 2

Total Earned Prem. (line 3, col a) - Refunds Since Inception (line 6)

9. Life Years Exposed Since Inception \_\_\_\_\_

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table) \_\_\_\_\_

Medicare Supplement Credibility Table

Life Years Exposed

Since Inception

Tolerance

10,000 +

0.0%

5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%

If less than 500, no credibility

11. Adjustment to Incurred Claims for Credibility \_\_\_\_\_

Ratio 3 = Ratio 2 + Tolerance

If Ratio 3 is more than Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12. Adjusted Incurred Claims = \_\_\_\_\_

[Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)]  
x Ratio 3 (line 11)

13. Refund = Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6) -

Adjusted Incurred Claims (line 12)

Benchmark Ratio (Ratio 1) \_\_\_\_\_

If the amount on the line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

<sup>1</sup> Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup> "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for prestandardized plans.

<sup>3</sup> Includes modal loadings and fees charged.

<sup>4</sup> Excludes Active Life Reserves.

<sup>5</sup> This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - Please Type

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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APPENDIX A

REPORTING FORM FOR THE CALCULATION OF  
BENCHMARK RATIO SINCE INCEPTION  
FOR GROUP POLICIES  
FOR CALENDAR YEAR \_\_\_\_\_

Type <sup>(1)</sup> \_\_\_\_\_ SMSBP <sup>(2)</sup> \_\_\_\_\_  
FOR THE STATE OF \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a)(3) Year	(b)(4) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o)(5) Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.684		0.838		0.89
Total:		(k):	(k):		(l):		(m):		(n):	

Benchmark Ratio Since Inception:  $(l + n) / (k + m)$ :

(1): Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

(2): "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans.

(3): Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.)

(Example: If the current year is 1991, then: Year 1 is 1990, Year 2 is 1989, etc.)

(4): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(5): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

(6) To include the earned premium for all years prior to as well as the 15th year prior to the current year.



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# Proposed Regulations

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7/02 8/05

APPENDIX B

FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Due: March 1, annually

The purpose of this form is to report the following information on each resident of ~~this state~~ *Virginia* who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Date

Rev. 4/99 8/05

## APPENDIX C

### DISCLOSURE STATEMENTS

#### Instructions for Use of the Disclosure Statements for Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare

1. Section 1882 (d) of the federal Social Security Act of 1935 (42 USC 1395ss) prohibits the sale of a health insurance policy (the term policy or policies includes certificates) that duplicate Medicare benefits unless it will pay benefits without regard to other health coverage, and it includes the prescribed disclosure statement on or together with the application.
2. All types of health insurance policies that duplicate Medicare shall include one of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).
3. State and federal law prohibits insurers from selling a Medicare supplement policy to a person who already has a Medicare supplement policy except as a replacement.
4. Property/casualty and life insurance policies are not considered health insurance.
5. Disability income policies are not considered to provide benefits that duplicate Medicare.
6. Long-term care insurance policies that coordinate with Medicare and other health insurance are not considered to provide benefits that duplicate Medicare.
7. The federal law does not pre-empt state laws that are more stringent than the federal requirements.
8. The federal law does not pre-empt existing state form filing requirements.
9. Section 1882 of the federal Social Security Act was amended in subsection (d) (3) (A) thereof to allow for alternative disclosure statements. The disclosure statements already in Appendix C remain. Carriers may use either disclosure statement with the requisite insurance product. However, carriers should use either the original disclosure statements or the alternative disclosure statements and not use both simultaneously.

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# Proposed Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Original disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
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**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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APPENDIX C

[Original disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any of the services covered by the policy are also covered by Medicare

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**Before You Buy This Insurance**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Proposed Regulations

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## APPENDIX C

[Original disclosure statement for policies that reimburse expenses incurred for specified disease(s) or other specified impairment(s). This includes expense incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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APPENDIX C

[Original disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnosis named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Proposed Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Original disclosure statement for policies that provide benefits for both expenses incurred and fixed indemnity basis.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

Rev. 4/99 8/05

APPENDIX C

[Original disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Proposed Regulations

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## APPENDIX C

[Original disclosure statement for other health insurance policies not specifically identified in the previous statements.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
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**This is not Medicare Supplement Insurance**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- the benefits stated in the policy and coverage for the same event is provided by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p><b>Before You Buy This Insurance</b></p>
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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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APPENDIX C

[Alternative disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Proposed Regulations

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## APPENDIX C

[Alternative disclosure statement for policies that provide benefits for specified limited services.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
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**Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior health insurance counseling assistance~~ program (*Virginia Insurance Counseling and Assistance Program*).

Rev. 4/99 8/05

APPENDIX C

[Alternative disclosure statement for policies that reimburse expenses incurred for specified diseases or other specified impairments. This includes expense-incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy. Medicare generally pays for most or all of these expenses.**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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## Proposed Regulations

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### APPENDIX C

[Alternative disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

Rev. 4/99 8/05

APPENDIX C

[Alternative disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Proposed Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Alternative disclosure statement for policies that provide benefits upon both an expense-incurred and fixed indemnity basis.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
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**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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APPENDIX C

[Alternative disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Proposed Regulations

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## Appendix D

### Notice About Attained Age Rated Medicare Supplement Policies

Under Medicare supplement policies or certificates that use attained age rating, premiums automatically increase as you get older. You can expect your premiums to increase each year (or other frequency as established under the policy or certificate) due to changes in age.

Currently, the premiums for all ages under this policy (or certificate) are as follows:

(include current premiums for all ages)

The premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age

**[The following sentence shall be in boldface type.] While the cost for a Medicare Supplement policy that is based on attained age may be lower than the cost of a Medicare Supplement policy that is issue age or community rated at your present age, it is important to compare the potential cost of these policies over the life of the policy.**

VA.R. Doc. No. R05-219; Filed June 7, 2005, 2:32 p.m.



## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

### BOARD FOR BARBERS AND COSMETOLOGY

Title of Regulation: **18 VAC 41-30. Hair Braiding Regulations (adding 18 VAC 41-30-10 through 18 VAC 41-30-250).**

Statutory Authority: § 54.1-201 and Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia.

Public Hearing Date: August 15, 2005 - 1 p.m.

Public comments may be submitted until August 26, 2005.

(See Calendar of Events section for additional information)

Agency Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295, or e-mail [william.ferguson@dpor.virginia.gov](mailto:william.ferguson@dpor.virginia.gov).

Basis: Section 54.1-201 of the Code of Virginia provides regulatory boards with the authority to promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) necessary to assure continued competency, to prevent deceptive or misleading practices by practitioners and to effectively administer the regulatory system administered by the regulatory board.

Chapter 600 of the 2003 Acts of Assembly provides the Board of Barbers and Cosmetology with the authority to regulate hair braiders.

Purpose: The goals of the proposed regulations are to establish entry, renewal, reinstatement, and endorsement requirements and fees necessary to administer the licensure of hair braiding practitioners, braiding salons and braiding schools in the Commonwealth of Virginia to fulfill the board's responsibility to protect the health, safety and welfare of the citizens of the Commonwealth.

Substance: The board proposes to promulgate regulations governing the licensure and practice of hair braiding as directed by Chapter 600 of the 2003 Acts of the Assembly.

The proposed regulatory action is necessary to ensure minimal competence of hair braiders.

This regulatory action will establish qualifications for licensure, standards of practice and requirements for maintaining licensure as a hair braider, braiding salon, and braiding school in the Commonwealth of Virginia.

This regulatory action will establish fees necessary to administer the licensure of hair braiders, braiding salons, and braiding schools in the Commonwealth of Virginia.

As directed by the 2003 General Assembly, this regulatory action is required to protect the health, safety and welfare of citizens of the Commonwealth in that it will provide for and ensure that licensees have met qualifications that demonstrate competency that protects the health, safety and welfare of citizens of the Commonwealth and that health and

sanitary standards and safety are adequate in salons and schools where hair braiding services are being provided.

Issues: The primary advantage of the proposed regulatory action is that it will establish the licensing requirements for the specialized practice of hair braiding. Currently, only licensed cosmetologists, who are required to complete 1,500 hours of training, are allowed to provide hair braiding services in the Commonwealth. This proposed regulatory action would allow individuals interested in only providing hair braiding services, to receive specialized training in the techniques of hair braiding, basic anatomy pertaining to the scalp and hair, and general safety and sanitation rather than being required to complete extensive cosmetology training provided in the cosmetology program.

The proposed regulatory action will be an advantage the public in that it will provide clear and effective regulations to ensure competency and integrity and prevent deceptive or misleading practices by individuals providing hair braiding services.

There are no disadvantages to the public or the Commonwealth with regards to regulations governing the licensure and practice of hair braiders.

#### Department of Planning and Budget's Economic Impact

Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. Pursuant to Chapter 600 of the 2003 Acts of Assembly, the Board for Barbers and Cosmetology (board) propose to promulgate hair braiding regulations that contain the requirements for obtaining a license, renewal and reinstatement, safety and sanitation procedures, and standards of professional conduct to ensure competence and integrity of all licensees and that the health and sanitary standards and safety are adequate in shops, salons, schools, and other facilities where hair braiding services are provided.

Estimated economic impact. Chapter 600 of the 2003 Acts of Assembly defined hair braiding, clarified that hair braiding is part of the protected scope of practice of cosmetologists in Virginia, and authorized the "subregulation" of hair braiders, braiding salons, and braiding schools. Hair braiding is defined as, "the braiding, twisting, wrapping, weaving, extending, or locking of natural human hair by hand or mechanical device." Braiding does not include hair cutting or the application of dyes, reactive chemicals, or changing the color of the hair or straightening, curling, or altering the structure of the hair.

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## Proposed Regulations

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Commercial hair braiding salons exist in many areas of Virginia. In some instances, the individuals performing hair braiding in these salons are not licensed cosmetologists. Since the practice of cosmetology includes the "arranging" of human hair (§ 54.1-700 of the Code of Virginia), many of these salons are arguably operating in violation of § 54.1-703 of the Code of Virginia, which prohibits the practice of cosmetology without a license. In 2002, a braiding salon in the Tidewater area was forced to close because the individuals braiding hair in the salon did not have a cosmetologist license and the salon itself did not have a license.<sup>1</sup>

Under the 2003 law, unlicensed individuals may braid hair provided they do so under the direct supervision of a cosmetologist or barber. In addition, the legislation provided for the licensure of hair braiders, braiding salons, and braiding schools. The legislation set forth conditions for the board to waive the examination requirements for licensure as a hair braider for any individual making application for licensure between July 1, 2003, and July 1, 2004, and required regulations to be effective no later than July 1, 2004.

Under the proposed regulations an individual can become a licensed hair braider by becoming eligible to sit for a board-approved written examination, paying the examination fee,<sup>2</sup> passing the exam, and paying a \$55 application fee. An individual can become eligible to sit for a board-approved written examination via one of the following methods: (i) completing a board-approved hair braiding training program in a Virginia licensed cosmetology or hair braiding school, (ii) completing a hair braiding training program outside of Virginia that the board deems to meet or Virginia's standards for an approved program, (iii) completing a Virginia public school hair braiding training program approved by the Virginia Department of Education, (iv) completing hair braiding training in a program approved by the Virginia Department of Corrections, (v) having had a minimum of two years hair braiding experience in the United States armed forces, or (vi) possessing a Virginia cosmetology license.

Board-approved hair braiding programs must consist of curriculum and performances over at least 170 clock hours. The curriculum instruction must last a minimum of 40 hours. "A licensed hair braiding school or cosmetology school with an approved hair braiding program may conduct an assessment of a student's competence in hair braiding and, based on the assessment, give a maximum of 130 hours of credit towards" the required hours of performances. Thus, an individual with previous hair braiding skills and knowledge will be required to go through 40 to 170 hours of training, depending on the scale and scope of their previous skills and knowledge.

This represents a substantial cost savings versus the situation prior to the 2003 legislation. Prior to that legislation one could only legally sell hair-braiding services by obtaining a cosmetology license. In order to earn a cosmetology license the applicant must have 1,500 clock hours of training versus the 170 hours required for the hair-braiding license. A 1,500-

hour cosmetology program costs students about \$4,000; while a 170-hour program on hair braiding will cost approximately \$1,500.<sup>3</sup> If the student can obtain the maximum of 130 hours of credit due to demonstrated competence, then the cost will be about \$500.<sup>4</sup> Much of the cosmetology program training contributes little to the future competence of a hair braider. Thus, the 2003 law and the proposed regulations make it easier and less costly for an individual to become a licensed hair braider without reducing the relevant training and display of knowledge and skills to gain licensure.

Many hair braiders learn their skills in informal settings such as the home. The proposed regulation acknowledges this by allowing applicants to "test out" of the braiding skills portion of the training. Thus, those who learn braiding in informal settings will not be required to take costly redundant training. In addition, people who wish to learn hair braiding may choose to learn these skills outside of formal classroom settings before taking the minimum of 40 hours of classroom training. This provision allows individuals increased flexibility in how they obtain their braiding skills. For example, one could serve as an apprentice in a cosmetology salon, observe work in a braiding salon, watch videos, practice on friends and family. Ultimately, the only thing that matters is the ability to demonstrate the mastery of the basic braiding skills.

On the other hand, there is doubt that even the 170 hours of required training under the proposed regulations are necessary to protect the health and safety of the public. The core 40-hour curriculum is intended by the board to address mostly health and safety issues. However, the risk to the public from receiving hair-braiding services from an individual who has little or no formal training is very small. For example, there is no evidence that unlicensed hair braiders transmit disease. One potential concern is that braiding too tightly near the scalp could result in hair loss. Repeated and prolonged tight braiding of hair can result in permanent damage to hair follicles.

While having licensed braiders aware of the potential problems of prolonged tight braiding of hair would probably be helpful in avoiding some cases of permanent hair loss, it is not at all clear to what extent this would be the case. The effects of the training would largely come through the braider's advice to the client. A customer who wishes to alternate unbraided hair with braided hair is at little risk of hair loss. Such a customer may rationally choose tight braids for their more stylish appearance. Also, a customer may choose a sequence of different braiding salons, in which case, no single braider would be in a position to prevent follicle damage. The braiders would only be able to affect customer behavior through their advice to clients.

Braiders have a clear incentive not to be responsible for hair loss. A braider causing hair loss is likely to develop a poor reputation, may have difficulty keeping and obtaining new clients, and would probably be at risk of legal action. While some training to help advise customers about hair loss due to tight braiding may be justified, this same end could likely be accomplished at lower cost by having braiders offer their

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<sup>1</sup> Source: Department of Professional and Occupational Regulation.

<sup>2</sup> Per the proposed regulations, "The fee for examination or reexamination is subject to contracted charges to the board by an outside vendor. These contracts are competitively negotiated . . . . The fee shall not exceed \$225.00 per candidate."

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<sup>3</sup> Source: His & Her Academy, Richmond Virginia.

<sup>4</sup> Ibid.

customers a pamphlet with current information about how to avoid hair loss.

Most of the remaining required curriculum proposed by the board is not supported by any evidence that it is likely to protect public health and safety. It is unlikely that most of this core curriculum will have any economic benefit.

As already discussed, the additional 130 hours of practical training is optional and amounts to a requirement that braiders demonstrate a minimal competency at the craft before sitting for the licensing exam. While such a requirement is probably not necessary to protect the public health and safety, it is envisioned in the statutory provisions. This provision will not likely have a large economic impact since it is unlikely that many people lacking minimum competency at braiding would apply for a braiding license. It is likely that a significant portion of the individuals potentially interested in offering hair-braiding services are of modest means. Given that the cost of required training will likely range from \$500 to \$1,500,<sup>5</sup> some individuals of modest means will be discouraged from legally offering hair-braiding services. Discouraging these individuals from entering a profession for which they may already have the requisite skills produces significant economic costs in lost labor productivity and possibly increased expenditures on public assistance. It is not clear that the benefits of the required training exceed the cost of reduced employment and income for some low-income Virginians.

There appears to be little economic justification for subjecting hair braiding to any licensing requirements. The minimal potential for significant harm to the consuming public, the long tradition of the craft, and the very extensive informal provision of hair braiding services among friends and family all provide reason to believe that hair braiding services is a profession in little need of regulatory oversight.

Businesses and entities affected. The proposed regulations affect all individuals who wish to provide hair-braiding services, hair braiding training programs, and their clients. The Department of Professional and Occupational Regulation expects to license at least 150 hair braiders.

Localities particularly affected. Localities with larger African-American populations will be particularly affected.

Projected impact on employment. If the requirement that individuals needed to possess a cosmetology license in order to sell hair braiding services had been strictly enforced, the proposed hair braiding license would likely have a positive impact on employment since the cost of obtaining a hair braiding license is substantially less than obtaining a cosmetology license. But since the requirement that hair braiders have a cosmetology license was not strictly enforced, the proposed regulations are unlikely to have a positive impact on employment. If the requirement that hair braiders have a hair-braiding license in order to sell their services is enforced more strictly than the cosmetology license requirement was enforced for hair braiders, then the introduction of these regulations may reduce employment in hair braiding since the cost of obtaining a hair braiding license

will likely discourage some entry into the profession. It is likely that a significant portion of the individuals potentially interested in offering hair braiding services are of modest means. Given that the cost of required training will likely range from \$500 to \$1,500,<sup>6</sup> some individuals of modest means will be discouraged from legally offering hair-braiding services.

Effects on the use and value of private property. The cost for salons to hire hair braiders who may legally provide their services for compensation will be reduced since it will be significantly less costly to obtain a hair-braiding license than a cosmetology license. Lower costs will result in higher value for these salons. Since it is likely that many hair braiders have sold their services without a cosmetology license, if the proposed regulations are strictly enforced the cost for these individuals and their employers to offer hair-braiding services will increase. Higher costs will result in lower value for these salons.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Board for Barbers and Cosmetology response to the Department of Planning and Budget's Economic Impact Analysis follows:

1. Chapter 600 of the 2003 Acts of the General Assembly amended the definition of cosmetology to include the term "braiding."
2. Research conducted by the Board for Barbers and Cosmetology found that seven other states issue a separate hair braiding license. Of the seven that issue a separate hair braiding license, four require 300 hours of training, one requires 400, one requires 450, and one requires 600. Based on their research, the board proposed requiring 300 hours of training and through executive review of the proposed hair braiding regulations the required hours of training was established at 170 with the ability for the student to receive up to 130 hours of credit based on a competency assessment. The board does not believe that the required hours are more than necessary to protect the public.
3. The Board for Barbers and Cosmetology Regulations are strictly enforced. As noted in the EIA, in 2002 action pertaining to a braiding salon was taken based on noncompliance with the Code of Virginia and Board for Barbers and Cosmetology Regulations. The board investigates all complaints to determine if there was a violation of the law or regulations.
4. The impact on localities would depend more on the options available to customers seeking hair braiding services rather than the size of a sector of the population.
5. The board is not aware of data that indicates the income level of individuals potentially interested in offering hair braiding services or the other subregulated parts of the practice of cosmetology. Therefore, this impact is undeterminable.

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<sup>5</sup> Ibid.

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<sup>6</sup> Ibid.

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# Proposed Regulations

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## Summary:

The proposed regulations establish requirements for obtaining a hair braiding license, and renewal and reinstatement of a license; safety and sanitation procedures; standards of professional conduct to ensure competency and integrity of all licensees and that the health and sanitary standards and safety are adequate in shops, salons, schools, and other facilities where hair braiding services are provided.

### CHAPTER 30. HAIR BRAIDING REGULATIONS.

#### PART I. GENERAL.

#### **18 VAC 41-30-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise. All terms defined in Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia are incorporated in this chapter.

"Direct supervision" means that a Virginia licensed cosmetologist or hair braider shall be present in the hair braiding salon at all times when services are being performed by a temporary license holder.

"Endorsement" means a method of obtaining a license by a person who is currently licensed in another state or jurisdiction.

"Licensee" means any individual, partnership, association, limited liability company, or corporation holding a license issued by the Board for Barbers and Cosmetology, as defined in § 54.1-700 of the Code of Virginia.

"Reinstatement" means having a license restored to effectiveness after the expiration date has passed.

"Renewal" means continuing the effectiveness of a license for another period of time.

"Virginia state institution" for the purposes of this chapter means any institution approved by the Virginia Department of Education or the Virginia Department of Corrections.

#### PART II. ENTRY.

#### **18 VAC 41-30-20. General requirements for a hair braider license.**

A. In order to receive a license as a hair braider, an applicant must meet the following qualifications:

1. The applicant shall be in good standing as a licensed hair braider in every jurisdiction where licensed. The applicant shall disclose to the board at the time of application for licensure any disciplinary action taken in another jurisdiction in connection with the applicant's practice as a cosmetologist or hair braider. The applicant shall disclose to the board at the time of application for licensure whether he has been previously licensed in Virginia as a cosmetologist or hair braider.

2. The applicant shall disclose his physical address. A post office box is not acceptable.

3. The applicant shall sign, as part of the application, a statement certifying that the applicant has read and understands the Virginia hair braiding license laws and the board's hair braiding regulations.

4. In accordance with § 54.1-204 of the Code of Virginia, the applicant shall not have been convicted in any jurisdiction of a misdemeanor or felony that directly relates to the profession of cosmetology or hair braiding. The board shall have the authority to determine, based upon all the information available, including the applicant's record of prior convictions, if the applicant is unfit or unsuited to engage in the profession of hair braiding. The board will decide each case by taking into account the totality of the circumstances. Any plea of nolo contendere shall be considered a conviction for the purposes of this section. The applicant shall provide a certified copy of a final order, decree or case decision by a court with the lawful authority to issue such order, decree or case decision, and such copy shall be admissible as prima facie evidence of such conviction. This record shall be forwarded by the applicant to the board within 10 days after all appeal rights have expired.

5. The applicant shall provide evidence satisfactory to the board that the applicant has passed the board-approved examination, administered either by the board or by independent examiners.

#### **B. Eligibility to sit for board-approved examination.**

1. Training in the Commonwealth of Virginia. Any person completing an approved hair braiding training program in a Virginia licensed cosmetology or hair braiding school, or a Virginia public school's hair braiding program approved by the Department of Education shall be eligible for examination.

2. Training outside of the Commonwealth of Virginia, but within the United States and its territories.

Any person completing a hair braiding training program that is substantially equivalent to the Virginia program but is outside of the Commonwealth of Virginia must submit to the board documentation of the successful completion of 170 hours of training to be eligible for examination. If less than 170 hours of hair braiding training was completed, an applicant must submit a certificate, diploma or other documentation acceptable to the board verifying the completion of a substantially equivalent hair braiding course and documentation of six months of work experience as a hair braider in order to be eligible for the hair braider examination.

#### **18 VAC 41-30-30. License by endorsement.**

Upon proper application to the board, any person currently licensed to practice as a hair braider or cosmetologist in any other state or jurisdiction of the United States and who has completed both a training program and a written and practical examination that is substantially equivalent to that required by this chapter, may be issued a hair braider license without an

examination. The applicant must also meet the requirements set forth in 18 VAC 41-30-20 A.

**18 VAC 41-30-40. Exceptions to training requirements.**

A. Virginia licensed cosmetologists shall be eligible for the hair braider examination.

B. Any hair braider applicant having been trained as a hair braider in any Virginia state institution shall be eligible for the hair braiding examination.

C. Any hair braider applicant having a minimum of two years experience in hair braiding in the United States armed forces and having provided documentation satisfactory to the board of that experience shall be eligible for the examination.

**18 VAC 41-30-50. Examination requirements and fees.**

A. Applicants for initial licensure shall pass a written examination approved by the board. The examination may be administered by the board or by a designated testing service.

B. Any candidate failing to appear as scheduled for examination shall forfeit the examination fee.

C. The fee for examination or reexamination is subject to contracted charges to the board by an outside vendor. These contracts are competitively negotiated and bargained for in compliance with the Virginia Public Procurement Act (§ 2.2-4300 et seq. of the Code of Virginia). Fees may be adjusted and charged to the candidate in accordance with these contracts. The fee shall not exceed \$225 per candidate.

**18 VAC 41-30-60. Reexamination requirements.**

Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and examination fee.

**18 VAC 41-30-70. Examination administration.**

A. The examination shall be administered by the board or the designated testing service.

B. The applicant shall follow all procedures established by the board with regard to conduct at the examination. Such procedures shall include any written instructions communicated prior to the examination date and any instructions communicated at the site, either written or oral, on the date of the examination. Failure to comply with all procedures established by the board and the testing service with regard to conduct at the examination may be grounds for denial of application.

**18 VAC 41-30-80. Hair braider temporary licenses.**

A. A temporary license to work under the supervision of a currently licensed hair braider or cosmetologist may be issued only to applicants for initial licensure that the board finds eligible for examination. There shall be no fee for a temporary license.

B. The temporary license shall remain in force for 45 days following the examination date. The examination date shall be the first test date after the applicant has successfully submitted an application to the board that an examination is offered to the applicant by the board.

C. Any person continuing to practice hair braiding services after a temporary license has expired may be prosecuted and fined by the Commonwealth under § 54.1-111 A 1 of the Code of Virginia.

D. No applicant for examination shall be issued more than one temporary license.

**18 VAC 41-30-90. Salon license.**

A. Any individual wishing to operate a hair braiding salon shall obtain a salon license in compliance with § 54.1-704.1 of the Code of Virginia.

B. A hair braiding salon license shall not be transferable and shall bear the same name and address of the business. Any changes in the name, address, or ownership of the salon shall be reported to the board in writing within 30 days of such changes. New owners shall be responsible for reporting such changes in writing to the board within 30 days of the changes.

C. In the event of a closing of a hair braiding salon, the board must be notified by the owners in writing within 30 days of the closing, and the license must be returned by the owners to the board.

**18 VAC 41-30-100. School license.**

A. Any individual wishing to operate a hair braiding school shall obtain a school license in compliance with § 54.1-704.2 of the Code of Virginia. All instruction and training of hair braiders shall be conducted under the direct supervision of a certified cosmetologist instructor, or licensed hair braider.

B. A hair braiding school license shall not be transferable and shall bear the same name and address as the school. Any changes in the name or address of the school shall be reported to the board in writing within 30 days of such change. The name of the school must indicate that it is an educational institution. All signs, or other advertisements, must reflect the name as indicated on the license issued by the board and contain language indicating it is an educational institution.

C. In the event of a change of ownership of a school, the new owners shall be responsible for reporting such changes in writing to the board within 30 days of the changes.

D. In the event of a school closing, the board must be notified by the owners in writing within 30 days of the closing, and the license must be returned.

PART III.  
FEES.

**18 VAC 41-30-110. Fees.**

The following fees apply:

FEE TYPE	AMOUNT DUE	WHEN DUE
<i>Individuals:</i>		
Application	\$55	With application
License by Endorsement	\$55	With application
Renewal	\$55	With renewal card prior to expiration date
Reinstatement	\$55	With reinstatement

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		application
<b>Salons:</b>		
Application	\$90	With application
Renewal	\$90	With renewal card prior to expiration date
Reinstatement	\$90	With reinstatement application
<b>Schools:</b>		
Application	\$120	With application
Renewal	\$120	With renewal card prior to expiration date
Reinstatement	\$120	With reinstatement application

**18 VAC 41-30-120. Refunds.**

All fees are nonrefundable and shall not be prorated.

**PART IV.  
RENEWAL/REINSTATEMENT.**

**18 VAC 41-30-130. License renewal required.**

All hair braider licenses, hair braiding salon licenses, and hair braiding school licenses shall expire two years from the last day of the month in which they were issued.

**18 VAC 41-30-140. Notice of renewal.**

The Department of Professional and Occupational Regulation will mail a renewal notice to the licensee outlining the procedures for renewal. Failure to receive this notice, however, shall not relieve the licensee of the obligation to renew. If the licensee fails to receive the renewal notice, a copy of the old license may be submitted as evidence of intent to renew, along with the required fee.

**18 VAC 41-30-150. Failure to renew.**

A. When a licensed individual or entity fails to renew its license within 30 days following its expiration date, the licensee shall apply for reinstatement of the license by submitting to the Department of Professional and Occupational Regulation a reinstatement application and renewal fee and reinstatement fee.

B. When a hair braider fails to renew his license within two years following the expiration date, reinstatement is no longer possible. To resume practice, the former licensee shall apply for licensure as a new applicant, shall meet all current application requirements, and shall pass the board's current examination. Individuals applying for licensure under this section shall be eligible to apply for a temporary license from the board under 18 VAC 41-30-80.

C. When a hair braiding salon fails to renew its license within two years following the expiration date, reinstatement is no longer possible. To resume practice, the former licensee shall apply for licensure as a new applicant and shall meet all current application requirements.

D. The application for reinstatement for a hair braiding school shall provide the reasons for failing to renew prior to the expiration date, and a notarized statement that all students currently enrolled or seeking to enroll at the school have been notified in writing that the school's license has expired. All of

these materials shall be called the application package. Reinstatement will be considered by the board if the school consents to and satisfactorily passes an inspection of the school by the Department of Professional and Occupational Regulation and if the school's records are maintained in accordance with 18 VAC 41-30-210 and 18 VAC 41-30-220. Pursuant to 18 VAC 41-30-160, upon receipt of the reinstatement fee, application package, and inspection results, the board may reinstate the school's license or require requalification or both. If the reinstatement application package and reinstatement fee are not received by the board within six months following the expiration date of the school's license, the board will notify the testing service that prospective graduates of the unlicensed school are not acceptable candidates for the examination. Such notification will be sent to the school and must be displayed in a conspicuous manner by the school in an area that is accessible to the public. No student shall be disqualified from taking the examination because the school was not licensed for a portion of the time the student attended if the school license is reinstated by the board.

When a hair braiding school fails to renew its license within two years following the expiration date, reinstatement is no longer possible. To resume practice the former licensee shall apply for licensure as a new applicant and shall meet all current application requirements.

E. The date a renewal fee is received by the Department of Professional and Occupational Regulation, or its agent, will be used to determine whether the requirement for reinstatement of a license is applicable and an additional fee is required.

F. When a license is reinstated, the licensee shall have the same license number and shall be assigned an expiration date two years from the previous expiration date of the license.

G. A licensee who reinstates his license shall be regarded as having been continuously licensed without interruption. Therefore, a licensee shall be subject to the authority of the board for activities performed prior to reinstatement.

H. A licensee who fails to reinstate his license shall be regarded as unlicensed from the expiration date of the license forward. Nothing in this chapter shall divest the board of its authority to discipline a licensee for a violation of the law or regulations during the period of time for which the individual was licensed.

**PART V.  
HAIR BRAIDING SCHOOLS.**

**18 VAC 41-30-160. Applicants for school license.**

A. Any person, firm, or corporation desiring to operate a hair braiding school shall submit an application to the board at least 60 days prior to the date for which approval is sought.

B. Hair braiding schools under the Virginia Department of Education shall be exempted from licensure requirements.

**18 VAC 41-30-170. General requirements.**

A hair braiding school shall:

1. Hold a school license for each and every location.
2. Hold a salon license if the school receives compensation for services provided in its clinic.
3. Employ a staff of licensed and certified cosmetology instructors or licensed hair braiders.
4. Develop individuals for entry level competency in hair braiding.
5. Submit its curricula for board approval. Hair braider curricula shall be based on a minimum of 170 clock hours and shall include performances in accordance with 18 VAC 41-30-190.
6. Inform the public that all services are performed by students if the school receives compensation for services provided in its clinic by posting a notice in the reception area of the salon in plain view of the public.
7. Classroom instruction must be conducted in an area separate from the clinic area where practical instruction is conducted and services are provided.

**18 VAC 41-30-180. Curriculum requirements.**

Curriculum requirements are as follows:

1. Professional requirements:
  - a. Virginia licensing requirements;
  - b. Professional ethics and conduct;
  - c. Human relations, retailing and salesmanship; and
  - d. Salon management.
2. Safety and health:
  - a. Virginia laws and regulations;
  - b. Bacteriology, sanitation, and disinfection;
  - c. Diseases and disorders, recognition, transmission, and control; and
  - d. MSDS sheets, OSHA rules and regulations.
3. Hair and scalp disorders and diseases:
  - a. Dandruff;
  - b. Alopecia;
  - c. Fungal infections;
  - d. Infestations; and
  - e. Infections.
4. Hair analysis and scalp care:
  - a. Hair structure, composition, texture;
  - b. Hair growth patterns;
  - c. Effects of physical and chemical treatments on the hair;
  - d. Combing, brushing, detangling;
  - e. Shampoo products, composition and procedures;

- f. Rinsing products, composition and procedures;
  - g. Conditioning products, composition and procedures;
  - h. Procedures for hair and scalp disorders;
  - i. Scalp manipulations; and
  - j. Braid removal and scalp care.
5. Client preparation and consultation:
    - a. Face and head shapes, facial features;
    - b. Client hair and scalp analysis; and
    - c. Client education, pre/post care, home care, follow-up services.
  6. Hair braiding, locking, weaving and styling:
    - a. Basic styling knowledge, history;
    - b. Growth patterns, styles, textures, sectioning, partings;
    - c. Tools and equipment, types of combs, brushes, hooks, yarn, loops, hook needles, thread, coils;
    - d. Preparations for hair braiding, dryer equipment, decorations, beads, ribbons;
    - e. Types and patterns of braids, twists, knots, multiple strands, corn rows, hair locking;
    - f. Materials for extensions;
    - g. Hair braiding and cornrows with extensions;
    - h. Methods of hair weaving, glued, bonded, woven, sewn-in;
    - i. Artificial hair design and special effects;
    - j. Trimming of artificial hair, cutting of perimeter lines, braid ends; and
    - k. Braid removal and scalp care.

**18 VAC 41-30-190. Hours of instruction and performances.**

- A. Curriculum and performance requirements for hair braiding shall be offered over minimum of 170 clock hours.
- B. The curriculum requirements in subdivisions 1 through 5 of 18 VAC 41-30-180 shall be offered over a minimum of 40 clock hours.
- C. The curriculum for hair braiding shall include the following minimum performances:

Single braids	5
Single braid with extensions	5
Cornrows	5
Cornrows with extensions	5
Twists	5
Knots	5
Multiple strands	5
Hair locking	5
Weaving - glued	5
Weaving - bonded	5
Weaving - sewn-in	5
<b>TOTAL</b>	<b>55</b>

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D. A licensed hair braiding school or cosmetology school with an approved hair braiding program may conduct an assessment of a student's competence in hair braiding and, based on the assessment, give a maximum of 130 hours of credit towards the requirements specified in subdivision 6 of 18 VAC 41-30-180 and 18 VAC 41-30-190. No credit shall be allowed for the 40 hour minimum curriculum requirements in subdivisions 1 through 5 of 18 VAC 41-30-180.

## **18 VAC 41-30-200. School identification.**

Each hair braiding school approved by the board shall identify itself to the public as a teaching institution.

## **18 VAC 41-30-210. Records.**

A. Schools are required to keep upon graduation, termination or withdrawal, written records of hours and performances showing what instruction a student has received for a period of five years after the student terminates or completes the curriculum of the school. These records shall be available for inspection by the department. All records must be kept on the premises of each school.

B. For a period of five years after a student completes the curriculum, terminates or withdraws from the school, schools are required to provide documentation of hours and performances completed by a student upon receipt of a written request from the student.

C. Prior to a school changing ownership or a school closing, the schools are required to provide to current students documentation of hours and performances completed.

D. For a period of one year after a school changes ownership, schools are required to provide documentation of hours and performances completed by a current student upon receipt of a written request from the student.

## **18 VAC 41-30-220. Hours reported.**

Within 30 days of the closing of a licensed hair braiding school, for any reason, the school shall provide a written report to the board on performances and hours of each of its students who have not completed the program.

### PART VI. STANDARDS OF PRACTICE.

## **18 VAC 41-30-230. Display of license.**

A. Each salon owner or school owner shall ensure that all current licenses and temporary licenses issued by the board shall be displayed in the reception area of the salon or school in plain view of the public. Duplicate licenses or temporary licenses shall be posted in a like manner in every salon or school location where the regulant provides services.

B. Each salon owner or school owner shall ensure that no licensee or student performs any service beyond the scope of practice for the hair braider license.

C. All licensees and temporary license holders shall operate under the name in which the license or temporary license is issued.

## **18 VAC 41-30-240. Sanitation and safety standards for salons and schools.**

### A. Sanitation and safety standards.

1. Any salon or school where hair braiding services are delivered to the public must be clean and sanitary at all times.

2. Compliance with these rules does not confer compliance with other requirements set forth by federal, state and local laws, codes, ordinances, and regulations as they apply to business operation, physical construction and maintenance, safety, and public health.

3. Licensees shall take sufficient measures to prevent the transmission of communicable and infectious diseases and comply with the sanitation standards identified in this section and shall insure that all employees likewise comply.

### B. General sanitation and safety requirements.

1. All furniture, walls, floors, and windows shall be clean and in good repair;

2. The floor surface in the immediate work area must be of a washable surface other than carpet. The floor must be kept clean, free of hair, dropped articles, spills and electrical cords;

3. Walls and ceilings in the immediate work area must be in good repair, free of water seepage and dirt. Any mats shall be secured or shall lay flat;

4. A fully functional bathroom with a working toilet and sink must be available for clients. Fixtures must be in good condition. The bathroom must be lighted and sufficiently ventilated. If there is a window, it must have a screen. There must be antibacterial soap and clean individual towels for the client's use. Laundering of towels is allowed, space permitting. The bathroom must not be used as a work area or for the open storage of chemicals;

5. General areas for client use must be neat and clean with a waste receptacle for common trash;

6. Electrical cords shall be placed to prevent entanglement by the client or licensee;

7. Electrical outlets shall be covered by plates;

8. The salon area shall be sufficiently ventilated to exhaust hazardous or objectionable airborne chemicals, and to allow the free flow of air; and

9. Adequate lighting shall be provided.

### C. Equipment sanitation.

1. Service chairs, wash basins, shampoo sinks and workstations shall be clean. Floors shall be kept free of hair, and other waste materials. Combs, brushes, towels, scissors, and other instruments shall be cleaned and sanitized after every use and stored free from contamination;

2. The top of workstands or back bars shall be kept clean;

3. The work area shall be free of clutter, trash, and any other items which may cause a hazard;

4. Heat-producing appliances and equipment shall be placed so as to prevent any accidental injury to the client or licensee; and

5. Electrical appliances and equipment shall be in safe working order at all times.

#### D. Articles, tools and products.

1. Any multiuse article, tool or product that cannot be cleansed or sanitized is prohibited from use;

2. Soiled implements must be removed from the tops of work stations immediately after use;

3. Clean spatulas, other clean tools, or clean disposable gloves shall be used to remove bulk substances from containers;

4. A clean spatula shall be used to remove creams or ointments from jars. Sterile cotton shall be used to apply creams, lotions and powders. Cosmetic containers shall be recovered after each use;

5. All sharp tools, implements, and heat-producing appliances shall be safely stored;

6. Presanitized tools and implements, linens and equipment shall be stored for use in a sanitary enclosed cabinet or covered receptacle;

7. Soiled towels, linens and implements shall be deposited in a container made of cleanable materials and separate from those that are clean or presanitized;

8. No substance other than a sterile styptic powder or sterile liquid astringent approved for homeostasis and applied with a sterile single-use applicator shall be used to check bleeding; and

9. Any disposable material making contact with blood or other body fluid shall be disposed of in a sealed plastic bag and removed from the salon or school in accordance with the guidelines of the Department of Health.

#### E. Chemical storage and emergency information.

1. Salons and schools shall have in the immediate working area a binder with all Material Safety Data Sheets (MSDS) provided by manufacturers for any chemical products used;

2. Salons and schools shall have a blood spill clean-up kit in the work area;

3. Flammable chemicals shall be stored in a nonflammable storage cabinet or a properly ventilated room; and

4. Chemicals that could interact in a hazardous manner (oxidizers, catalysts and solvents) shall be separated in storage.

#### F. Client health guidelines.

1. All employees providing client services shall cleanse their hands with an antibacterial product prior to providing services to each client;

2. No salon or school providing hair braiding services shall have on the premises hair braiding products containing hazardous substances that have been banned by the U.S. Food and Drug Administration (FDA) for use in hair braiding products;

3. No product shall be used in a manner that is disapproved by the FDA; and

4. Hair braiding salons must be in compliance with current building and zoning codes.

G. In addition to any requirements set forth in this section, all licensees and temporary license holders shall adhere to regulations and guidelines established by the Virginia Department of Health and the Occupational and Safety Division of the Virginia Department of Labor and Industry.

H. All salons and schools shall immediately report the results of any inspection of the salon, or school by the Virginia Department of Health as required by § 54.1-705 of the Code of Virginia.

I. All salons and schools shall conduct a self-inspection on an annual basis and maintain a self-inspection form on file for five years, so that it may be requested and reviewed by the board at its discretion.

**18 VAC 41-30-250. Grounds for license revocation or suspension; denial of application, renewal or reinstatement; or imposition of a monetary penalty.**

A. The board may, in considering the totality of the circumstances, fine any licensee or temporary license holder, and to suspend or revoke or refuse to renew or reinstate any license or temporary license, or deny any application issued under the provisions of Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia and the regulations of the board if the board finds that:

1. The licensee, temporary license holder or applicant is incompetent, or negligent in practice, or incapable mentally or physically, as those terms are generally understood in the profession, to practice as a hair braider;

2. The licensee, temporary license holder or applicant is convicted of fraud or deceit in the practice or teaching of hair braiding;

3. The licensee, temporary license holder or applicant attempting to obtain, obtained, renewed or reinstated a license or temporary license by false or fraudulent representation;

4. The licensee, temporary license holder or applicant violates or induces others to violate, or cooperates with others in violating, any of the provisions of this chapter or Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia or any local ordinance or regulation governing standards of health and sanitation of the establishment in which any hair braider may practice or offer to practice;

5. The licensee, temporary license holder or applicant fails to produce, upon request or demand of the board or any of its agents, any document, book, record, or copy thereof in a

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licensee's or owner's possession or maintained in accordance with this chapter;

6. A licensee or temporary license holder fails to notify the board of a change of name or address in writing within 30 days of the change for each and every license or temporary license. The board shall not be responsible for the licensee's or temporary license holder's failure to receive notices, communications and correspondence caused by the licensee's or temporary license holder's failure to promptly notify the board in writing of any change of name or address or for any other reason beyond the control of the board;

7. The licensee, temporary license holder or applicant publishes or causes to be published any advertisement that is false, deceptive, or misleading;

8. The licensee, temporary license holder or applicant fails to notify the board in writing within 30 days of the suspension, revocation, or surrender of a license or temporary license in connection with a disciplinary action in any other jurisdiction or of any license or temporary license which has been the subject of disciplinary action in any other jurisdiction;

9. In accordance with § 54.1-204 of the Code of Virginia, the licensee or temporary license holder has been convicted in any jurisdiction of a misdemeanor or felony that directly relates to the profession of hair braiding or cosmetology. The board shall have the authority to determine, based upon all the information available, including the regulant's record of prior convictions, if the regulant is unfit or unsuited to engage in the profession of hair braiding. The board will decide each case by taking into account the totality of the circumstances. Any plea of *nolo contendere* shall be considered a conviction for the purposes of this section. The regulant shall provide a certified copy of a final order, decree or case decision by a court with the lawful authority to issue such order, decree or case decision, and such copy shall be admissible as *prima facie* evidence of such conviction. This record shall be forwarded by the regulant to the board within 10 days after all appeal rights have expired.

B. In addition to subsection A of this section, the board may, in considering the totality of the circumstances, revoke, suspend or refuse to renew or reinstate the license of any school or impose a fine as permitted by law, or both, if the board finds that:

1. An instructor of the approved school fails to teach the curriculum as provided for in this chapter;

2. The owner or director of the approved school permits or allows a person to teach in the school without a current cosmetology instructor certificate or hair braider license; or

3. The instructor, owner or director is guilty of fraud or deceit in the teaching of hair braiding.

C. In addition to subsection A of this section, the board may, in considering the totality of the circumstances, revoke, suspend or refuse to renew or reinstate the license of any hair

braiding salon or impose a fine as permitted by law, or both, if the board finds that:

1. The owner or operator of the salon fails to comply with the sanitary requirements of hair braiding salons provided for in this chapter or in any local ordinances; or

2. The owner or operator allows a person who has not obtained a license or a temporary license to practice as a hair braider.

D. In addition to subsection A of this section, the board may, in considering the totality of the circumstances, revoke, suspend or refuse to renew or reinstate the license of any licensee or impose a fine as permitted by law, or both, if the board finds that the licensee fails to take sufficient measures to prevent transmission of communicable or infectious diseases or fails to comply with any local, state or federal law or regulation governing the standards of health and sanitation for the practice of hair braiding.

**NOTICE:** The forms used in administering 18 VAC 41-30, Hair Braiding Regulations, are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

## FORMS

Hair Braiding Examination and License Application, 1222\_26EX (eff. 08/04).

Training and Experience Verification Form, 1213ETREXP (eff. 08/04).

Temporary Permit Application, 1213TP (eff. 07/04).

License by Endorsement Application, 1213END (eff. 07/04).

Salon, Shop and Parlor License Application, 1213SLSH (eff. 07/04).

VA.R. Doc. No. R03-267; Filed June 8, 2005, 9:25 a.m.

## BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

**Title of Regulation:** 18 VAC 155-20. Waste Management Facility Operators Regulations (amending 18 VAC 155-20-10, 18 VAC 110-30-110, 18 VAC 110-30-120, 18 VAC 110-30-160, 18 VAC 110-30-220 and 18 VAC 110-30-280).

**Statutory Authority:** §§ 54.1-201 and 54.1-2211 of the Code of Virginia.

**Public Hearing Date:** August 11, 2005 - 10:30 a.m.

Public comments may be submitted until August 26, 2005.

(See Calendar of Events section for additional information)

**Agency Contact:** David Dick, Executive Director, Board for Waste Management Facility Operators, 3600 West Broad

Street, Richmond, VA 23230, telephone (804) 367-0219, FAX (804) 367-6128, or e-mail [wastemgt@dpor.virginia.gov](mailto:wastemgt@dpor.virginia.gov).

**Basis:** Section 54.1-201 of the Code of Virginia gives general regulatory board powers and duties and § 54.1-2211 of the Code of Virginia mandates that the Board for Wastewater Management Facility Operators (board) promulgate regulations and standards for the training and licensing of waste management facility operators, and that the board consider an applicant's prior experience in determining whether the applicant meets the training requirements established by regulation. Discretion is allowed only to the extent that the board may establish classes of training and licensing based upon the type of facility to be operated and may vary the training and licensing requirements for each facility class.

**Purpose:** The intent of the planned regulation amendments is to assure the existence of an infrastructure of trained and qualified individuals to operate waste management facilities in compliance with both federal and state regulations that have the protection of Virginia's environment as their goal. All citizens benefit from properly operated waste management facilities that assure that the quality of our environment is protected and enhanced.

The amended regulations will continue the current regulatory program that establishes licensure requirements focused on approving only those applicants that clearly meet the minimum competency standards necessary to protect the public. This is accomplished by requiring facility specific training and experience as well as an examination. The training curriculum places emphasis on those aspects of facility operation that most directly affect the public and the environment. This includes familiarization with applicable federal and state regulations governing the approval and operation of facilities.

All waste management facilities must be approved for operation by the Department of Environmental Quality (DEQ) and, once approved, must operate under regulations promulgated by the boards under DEQ. All such facilities must be operated by an individual that has been issued a license by the board. Licensed operators may be and have been disciplined by the board for failing to operate their facilities in compliance with the various DEQ regulations. The training and examination provisions and the amendments thereto proposed by the board will continue to assure that facilities are properly operated and that disciplinary action may be taken against those that fail to assure proper operation.

The proposed regulations are mandated by statute and are essential to protect the health, safety and welfare of citizens and for the efficient and economical performance of an important governmental function.

**Substance:** The following is a summary of the proposed amendments:

18 VAC 155-20-10 is amended to modify existing definitions and add new definitions to support the creation of a separate license classification for municipal solid waste (MSW) composting facilities.

18 VAC 155-20-110 is amended to anticipate the future development and implementation of new waste management

technologies that are not included in the current facility classification scheme and to implement the new Class V license for operators of MSW composting facilities.

18 VAC 155-20-120 is amended to require applicants using experience to substitute for high school graduation to obtain that experience during the seven years immediately preceding their application, and all applicants for licensure as a waste management facility operator to document at least one year of experience with a waste management facility in order to qualify for a license.

18 VAC 155-20-120 is amended to repeal current subdivision B 6 stating that the board will accept facility specific training provided that it has been approved by the board or was completed after January 1, 1989, and to add license qualification requirements for the new Class V license to operate MSW composting facilities and to enable a Class V license to be automatically issued to those holding a valid Class II license on the effective date of the regulations.

18 VAC 155-20-160 is amended to require those renewing their license to make a statement that they are in compliance with all facility specific operator training and examination requirements of federal and Virginia laws and regulations and of the facility operating permits and to repeal current subdivision B 4 establishing the manner in which license classifications are indicated on the license beginning on May 1, 2000.

18 VAC 155-20-220 adds the names of the State Water Control Board and the State Air Pollution Control Board to the agencies whose regulations must be covered in the basic training course; adds instruction in the identification of unauthorized wastes to the basic training course and yard waste composting; adds instruction covering large landfill air operating permits; adds that instructions must include information concerning solid waste, air, Virginia Pollution Discharge Elimination System (VPDES) permits, and related water and wastewater permits; adds instruction in Virginia pressure vessel regulation, air pollution control regulations for waste combustors, facility air operating permits, plant operations, including thermal fluids theory and boiler plant operations, and financial assurance documentation, including closure regulations and corrective actions; creates a curriculum for the new MSW composting Class V license classification; and makes clear that disciplinary action is authorized for fraud or misrepresentation in license renewal as well as initial application.

**Issues:** The addition of definitions to 18 VAC 155-20-10 will benefit the public and the Commonwealth by defining the new "Class V license," amending the definition of "Class II license" and creating a definition for "municipal solid waste (MSW)". The primary advantage is to provide clarity of the terms used in the text. No disadvantage has been identified.

The amendments to 18 VAC 155-20-110 will benefit the public and the Commonwealth by specifying that a composting facility receiving municipal solid waste shall be operated by a Class V licensee and that those holding a Class V license may also operate a Class I facility. The primary advantage is to clarify the authority of Class V operators. No disadvantage has been identified. The amendment to 18 VAC 155-20-110

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will benefit the public and the Commonwealth by placing all new technology waste treatment that does not fall into one of the four existing classes into Class I. Currently an emerging technology could be of such a nature that it would fall into none of the existing classifications. As proposed, that problem will be addressed by assigning all such new technologies to Class I. The innovators of the new technology will avoid delays in implementation while the board develops regulation revisions to accommodate their innovation. The public and the Commonwealth will benefit by the oversight provided by a Class I operator who has a basic level of knowledge and is capable of assuring environmental compliance as the new technology is implemented. New regulations promulgated to deal with the new technology will be implemented in a manner that allows adequate opportunity for compliance by the operators of the new technology. No disadvantages to the public or the Commonwealth have been identified.

The amendment to 18 VAC 155-20-120 will benefit the public and the Commonwealth by providing that applicants using experience to substitute for high school graduation must have obtained that experience during the seven years immediately preceding their application. Experience more than seven years old would not have been obtained in the current regulatory and facility operation environment and is not viewed by the board to be of sufficient value to substitute for the education requirement. No disadvantage to the public or the Commonwealth has been identified. The amendment to 18 VAC 155-20-120 will also benefit the public and the Commonwealth by providing a year of employment experience at a waste management facility as an entry requirement for license applicants. Currently one may qualify for a license to be the operator in charge of a waste management facility by completing training and passing an examination. Absent the experience requirement, an operator may have no practical exposure to or knowledge of the operation of a waste management facility and may allow environmental hazards to occur. The hazards could occur, not as a result of the operator's inadequate knowledge of the requirements, but as a result of his inadequate practical experience with waste stream dynamics. He may allow something to occur simply because he does not recognize the hazard or lacks the practical experience to know what to look for to avoid hazards. The board views the public to be potentially at risk and views the year of employment at a waste management facility to be a provision that will address the hazard. No disadvantages to the public or the Commonwealth have been identified.

The amendments to 18 VAC 155-20-120 are housekeeping in nature. Both represent provisions necessary to implement then new requirements. The requirements are in place and the existing language has no practical force or effect. The repeal will benefit the public and the Commonwealth by removing obsolete language. No disadvantage to the public or to the Commonwealth has been identified.

The amendment to 18 VAC 155-20-120 will benefit the public and the Commonwealth by enumerating the entry requirements for Class V licenses and, thereby, implement the new license classification for municipal solid waste composting. Those desiring to operate a municipal solid waste composting facility may qualify by completing training and

examination requirements specific to municipal solid waste composting rather than the current requirement to complete Class II training that also encompasses landfill operations. Those holding a Class II license on the effective date of the regulation will be issued a Class V license to continue their current authority to operate a municipal solid waste facility. The advantage to the public and to the Commonwealth is training and examination standards more focused on municipal solid waste composting and those currently authorized to operate a municipal solid waste composting facility keep that authorization. The disadvantage is the increased examination cost for all applicants for licensure resulting from the creation of a new class of examination and the revision of the existing Class II examination.

The amendment to 18 VAC 155-20-160 requires those renewing their license to make an affirmative statement that they are in compliance with the training and examination requirements of law and regulation and of the facility operating permit. Some facilities have requirements for post-licensure operator training and examination. The advantage to the public and to the Commonwealth is that those who fail to comply and make a false statement when renewing their license are subject to discipline by the board. No disadvantage to the public or to the Commonwealth has been identified.

The amendments to 18 VAC 155-20-220 update and clarify the training required for each class of licensure and add a training course curriculum for Class V, municipal solid waste composting. The public and the Commonwealth benefit through licensed operators that have met clearly articulated relevant training standards. No disadvantage to the public or to the Commonwealth has been identified.

The amendments to 18 VAC 155-20-280 clarify the board's disciplinary authority. The public and the Commonwealth benefit from the board's ability to discipline those that endanger the public or the environment by failing to comply with the regulations. No disadvantage to the public or to the Commonwealth has been identified.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board for Waste Management Facility Operators (board) proposes to make several changes to these regulations, including: (i) establishing that an individual operating a solid waste management facility that has been issued a permit by the

Department of Environmental Quality, but for which the board has not established training and licensure requirements, shall hold a Class I license; (ii) requiring that all licensure applicants have at least one year of work experience at a waste management facility; (iii) specifying that a licensure applicant without a high school diploma or GED must have waste management facility experience during at least five of the preceding seven years; (iv) adding required topics for training courses; and (v) creating a new license classification for those operating municipal solid waste (MSW) composting facilities.

**Estimated economic impact.** The current regulations do not specify what license would be required for an individual who operates a solid waste management facility that has been issued a permit by the Department of Environmental Quality, but that does not neatly fall into any of the currently defined facility categories. The board proposes to require that such individuals hold a Class I license until applicable training and licensing requirements are established by regulation. The Class I license is considered the entry-level license. This proposal is essentially a clarification, but it will likely provide some benefit in that it will eliminate some uncertainty for those considering what it will take to build and run a new type of waste management facility.

Waste management facility operator is defined as the person "who is in charge of the actual, on-site operation of a waste management facility during any period of operation." The board proposes to require that each applicant for waste management facility operator licensure, regardless of other attributes, have at least one year of experience with a waste management facility prior to licensure. The board believes that the knowledge and skills necessary to competently be in charge of a waste management facility cannot be obtained with less than one year of experience. According to the department, virtually all licensure applicants do in practice already have at least one year of experience. Thus, this proposed amendment will have little effect.

In order to qualify for licensure, applicants must be either a high school graduate, possess a General Equivalency Diploma (GED), or have at least five years of verified experience with a management facility. The board proposes to require that applicants who possess neither a high school diploma nor a GED have their minimum five years of verified experience with a waste management facility during the preceding seven years in order to qualify for licensure. This proposal will be costly to school dropouts wishing to achieve a license who have less than five years work experience in waste facility management during the last seven years, but who have had cumulatively five years of experience further in the past. Such individuals will need to obtain more recent waste management facility work experience in order to apply for operator licensure. The reasoning for this proposed change concerns the evolving nature of technology and legal requirements for facility operators. Individuals with less than a full high school education and who have had limited recent experience may not be aware of recent important changes and may be less able to quickly pick up such information than better educated colleagues. Mishandled waste and legal violations can produce significant costs for public health, the environment, and the owners of the waste management facility. Whether the benefit of reduction in likelihood of

mishandled waste and legal violations exceeds the cost to school dropouts of required additional recent work experience depends on how much the likelihood of mishandled waste and legal violations is reduced by requiring the additional recent experience. There is no current data available to estimate this probability.

These regulations list required topics for training courses specific to each license class. The board proposes some additional required topics for the lists. Training course providers may accommodate the new topics by reducing the time spent on other topics or they may increase the time length of their course. Either way, there is a cost to adding the proposed topics. The proposed topics for addition do seem to be reasonable and relevant for their respective lists. For example, "identification of unauthorized waste" is added to the list of required topics for the board-approved basic training course. Thus, there will likely be some benefit to adding these topics. Since there is no minimum required amount of time for each topic, and the department does not inspect training course providers other than in response to complaints, course providers will continue to have significant latitude in terms of amount of time spent on each topic.

Under the current regulations, individuals must obtain a Class II license to operate a MSW composting facility. The Class II license examination and training requirements are largely unrelated to the duties of MSW composting facility operators. Instead, it appears that the Class II licensing and training requirements are predominately for a municipal landfill operator. According to the Department of Environmental Quality, the vast majority of questions on the Class II license exam are about municipal landfills and have little or nothing to do with composting. Additionally, Class II license training requirements appear to have very little to do with the operation of a composting facility.<sup>1</sup> The training topics are geared toward operation of municipal landfills.<sup>2</sup> For example, training in sanitary landfill design and construction, operation, and large landfill air operating permits are required topics that are unrelated to the duties of a MSW composting facility operator. Thus, MSW composting facility operators waste time and expenses on training and examination preparation for knowledge and skills not related to their work. If there is critical field-specific necessary knowledge for MSW composting facility operators, then their time and effort could be better spent on obtaining that knowledge.

The board proposes to create a new license classification, Class V, for those operating MSW composting facilities. In order to obtain Class V licensure, individuals must complete "an approved training course specific to Class V facilities and pass the board-approved examination for Class V."<sup>3</sup> This will create a significant net benefit for the Commonwealth. MSW composting facility operators will no longer need to waste time and expenses on training and examination preparation for knowledge and skills not related to their work. Also, since Class V license training requirements are much more geared

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<sup>1</sup> Sources: Department of Environmental Quality and the Mid-Atlantic Composting Association.

<sup>2</sup> Ibid.

<sup>3</sup> All classes of licensure, including Class V, also require completion of a basic training course on material that is common to all waste management facilities.

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toward topics that are relevant for compost facility operation,<sup>4</sup> obtaining a Class V license should make it more likely that the license holder is competent to practice in a manner that will protect public health and safety.

Businesses and entities affected. The proposed regulations affect the 1,100 waste management facility operators in the Commonwealth, as well as training providers.

Localities particularly affected. The proposed amendments to the regulation will affect waste management operators statewide.

Projected impact on employment. The proposal to require that a licensure applicant without a high school diploma or GED have waste management facility experience during at least five of the preceding seven years may discourage some school dropouts from applying for operator licensure.

By eliminating the requirement that MSW composting facility operators obtain and demonstrate knowledge and skills in subject matter unrelated to the duties of MSW composting, the cost of becoming a competent and licensed MSW composting facility operator is reduced. Reducing this cost could potentially increase the demand for such work.

Effects on the use and value of private property. By eliminating the requirement that MSW composting facility operators obtain and demonstrate knowledge and skills in subject matter unrelated to the duties of MSW composting, the cost of becoming a competent and licensed MSW composting facility operator is reduced. The net worth of individuals becoming MSW composting facility operators will increase commensurately.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency agrees with the Department of Planning and Budget's economic impact analysis.

## Summary:

*The proposed amendments (i) create a new license classification (Class V) for Municipal Solid Waste (MSW) composting facilities and move MSW composting from Class II to the new Class V; (ii) clarify that a waste management facility for which the Board has not established training and licensure requirements may be operated by a Class I licensee; (iii) require applicants using experience to substitute for a high school diploma to have obtained that experience during the seven years immediately preceding the date of application; (iv) require applicants to document at least one year of experience with a waste management facility in order to qualify for licensure; (v) repeal language requiring facility specific training to have been completed after January 1, 1989, and language concerning the first renewal after May 1, 2000, that assigned a single expiration date to all classes of license held by a single individual; (vi) require license renewal applicants to state that they are in compliance with all Virginia and federal laws and regulations; (vii) amend the training course curriculum section to be more reflective of*

*current technology and training needs, to amend Class II training to remove MSW composting requirements, and to create a new curriculum for Class V MSW composting; and (viii) amend the "grounds for denial of application, denial of renewal or discipline" section to make renewing a license through fraudulent means or misrepresentation grounds for license denial and disciplinary action and to cite the provisions of § 54.1-204 of the Code of Virginia pertinent to applicants with criminal convictions.*

## **18 VAC 155-20-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Board" means the Board for Waste Management Facility Operators.

"Board-approved training course" means a course ~~which~~ *that* has been approved by the board to provide appropriate training to an applicant in accordance with this chapter.

"Class I license" means the authorization from the board to act as a waste management facility operator of a transfer station, a material recovery facility receiving mixed waste, an experimental facility, or a composting facility receiving yard waste.

"Class II license" means the authorization from the board to act as a waste management facility operator of ~~a facility which composes municipal solid waste~~, a sanitary, industrial, construction or debris landfill.

"Class III license" means the authorization from the board to act as a waste management facility operator of an infectious waste incinerator or autoclave.

"Class IV license" means the authorization from the board to act as a waste management facility operator of a municipal waste combustor.

"Class V license" means the authorization from the board to act as a waste management facility operator of a facility that composes municipal solid waste.

"Closed facility" means a solid waste management facility ~~which~~ *that* has been properly secured in accordance with an approved facility closure plan.

"Closure" means an act of securing a solid waste management facility pursuant to the requirements established by the Virginia Department of Environmental Quality or appropriate regulatory authority.

"Contact hour" means 50 minutes of participation in a group program or 60 minutes of completion time for a project.

"Continuing professional education/training (CPE/T)" means an integral part of the lifelong learning process that enables a licensed solid waste management facility operator to maintain and increase the competence required to assure the public's protection, which shall be pursued through an organized program or project in compliance with this chapter.

"Department" means the Department of Professional and Occupational Regulation.

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<sup>4</sup> Source: Department of Environmental Quality

"Full-time employment" means 1,760 hours per year or 220 work days per year.

"In charge" means the designation of any person by the owner to have duty and authority to operate or modify the operation of a waste management facility.

"License" means an authorization issued by the board to an individual to practice as a waste management facility operator who meets the provisions of this chapter.

"Municipal solid waste (MSW)" means that waste that is defined as "municipal solid waste" in 9 VAC 20-80-10.

"Municipal waste combustor" means a mass burn or a refuse derived fuel incinerator or facility designed or modified for the purpose of noninfectious solid waste combustion.

"Operation" means any waste management facility ~~which~~ that is under construction, treating, processing, storing or disposing of solid waste, or in the act of securing a facility for closure.

"Organized program" means a formal learning process designed to permit a participant to learn a given subject or subjects through interaction with an instructor in a formal course, seminar or conference.

"Owner" means the person who owns a solid waste management facility or part of a solid waste management facility.

\*\*"Person" means an individual, corporation, partnership, association, governmental body, municipal corporation or any other legal entity.

"Project" means a learning process designed to permit a participant to perform work assigned by the owner, operator or manager of a waste management facility under the supervision of a knowledgeable person that results in a specific, predetermined end result and that increases the participant's competence to practice as a waste management facility operator.

"Site" means within the vicinity of all land and structures, other appurtenances, and improvements thereon used for treating, storing, and disposing of solid waste. This term includes adjacent land within the property boundary used for the utility systems such as repair, storage, shipping or processing areas, or other areas incident to the management of solid waste.

"Solid waste" means any of those materials defined as nonhazardous solid waste in regulations promulgated by the Virginia Department of Environmental Quality.

"Storage" means housing a solid waste as consistent with the regulations of the Virginia Waste Management Board.

"Substantial change" means a deviation from a specific course that decreases the approved time of the course by more than 30 minutes or modifies the topics of the approved course to below the target levels of knowledge, as stated in the course application.

\*\*"Waste management facility" means a site used for planned treatment, storage, or disposal of nonhazardous solid waste.

\*\*"Waste management facility operator" means any person, including an owner, who is in charge of the actual, on-site operation of a waste management facility during any period of operation.

\* As defined by Chapter 22.1 (§ 54.1-2209 et seq.) of Title 54.1 of the Code of Virginia.

## 18 VAC 155-20-110. License classification.

A. The applicant shall apply for at least one classification of license as outlined below:

1. An individual operating a facility ~~which~~ that is defined by the Department of Environmental Quality as a transfer station, a material recovery facility receiving mixed waste, an experimental facility, or a composting facility receiving yard waste shall hold a Class I license. An individual who has obtained a Class II, III-~~or~~, IV or V license may also operate a facility listed under Class I, if the individual has completed the board-approved basic training course.

2. An individual operating a facility ~~which~~ that composts municipal solid waste, or is defined by the Department of Environmental Quality as a sanitary, industrial, construction or debris landfill, shall hold a Class II license.

3. An individual operating a facility defined by the Department of Environmental Quality as an infectious waste incinerator or an autoclave shall hold a Class III license.

4. An individual operating a facility defined by the Department of Environmental Quality as a municipal waste combustor shall hold a Class IV license.

5. *An individual operating a facility that is defined by the Department of Environmental Quality as a composting facility receiving municipal solid waste shall hold a Class V license.*

B. A licensee may not operate a facility outside of his classification other than that defined by subdivision A 1 of this section.

*C. An individual operating a solid waste management facility that has been issued a permit by the Department of Environmental Quality but for which the board has not established training and licensure requirements shall hold a Class I license until the board establishes the training and licensing requirements by regulation.*

## 18 VAC 155-20-120. Qualifications for licensure.

A. The board shall issue a license only after an individual has met, through a completed application and addendum, all training, testing, and experience requirements for at least one specific class as set forth in this chapter.

B. The applicant shall meet the following requirements for licensure for all classes of licenses:

1. The applicant shall be at least 18 years of age.

2. The applicant shall provide proof of high school or college graduation, or of having a General Equivalency Diploma (GED).

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3. An applicant who cannot fulfill the requirement outlined in subdivision 2 of this subsection shall document at least five years of verified experience with a waste management facility *during the preceding seven years*, with at least three years of experience in at least one of the following activities:

- a. Supervision;
- b. Research;
- c. Construction;
- d. Project development;
- e. Site development;
- f. Compliance and enforcement of a permit or regulations;
- g. Operation; or
- h. Review of materials for permitting purposes.

4. *Except for applicants that qualify pursuant to subdivision 3 of this subsection, each applicant shall document one year of verified experience with a waste management facility.*

4. 5. All applicants shall successfully complete the basic training course as defined in 18 VAC 155-20-220 B.

~~5.~~ 6. An applicant may use employment responsibilities in lieu of facility specific training as defined in subsections D through F of this section provided that:

- a. The applicant has been a full-time employee at a waste facility specific to the desired license classification for at least three of the past seven years.
- b. The employment responsibilities include at least one of those activities enumerated in subdivision 3 of this subsection.

~~6. The board will accept facility specific training provided that (i) the training has been approved by the board pursuant to 18 VAC 155-20-230 and (ii) the training was successfully completed after January 1, 1989.~~

7. Experience requirements claimed on the application for licensure shall be verified by the individual's supervisor(s) or personnel officer. Individuals who are under contract with a facility owner may obtain a letter from the facility owner to verify experience.

8. Education requirements claimed on the application for licensure shall be verified by the attendee's educational institution or authorizing jurisdiction on the provided form or in the form of an official transcript or letter. Diplomas will not be accepted for verification of degree or graduation.

9. The applicant holding a valid license from another state or jurisdiction may qualify by reciprocity under the provisions of 18 VAC 155-20-150.

C. The specific requirements for Class I licensure are as follows:

1. Complete a board-approved basic training course; and
2. Pass the board-approved examination for Class I.

D. The specific requirements for Class II licensure are as follows:

1. Complete a board-approved basic training course and an approved training course specific to Class II facilities; and
2. Pass the board-approved examination for Class II.

E. The specific requirements for Class III licensure are as follows:

1. Complete a board-approved basic training course and an approved training course specific to Class III facilities and pass the board-approved examination for Class III; or
2. Complete the training and examination requirement of a federal or state agency under the federal Clean Air Act, as amended, as of the date applicable to an interpretation of a regulation or adjudication of a case decision and complete the board-approved basic training course within one year after licensure.

F. The specific requirements for Class IV licensure are as follows:

1. Complete a board-approved basic training course and an approved training course specific to Class IV facilities and pass the board-approved examination for Class IV; or
2. Complete the training and examination requirement of a federal or state agency under the federal Clean Air Act, as amended, as of the date applicable to an interpretation of a regulation or adjudication of a case decision and complete the board-approved basic training course within one year after licensure.

G. *The specific requirements for Class V licensure are as follows:*

1. *Complete a board-approved basic training course and an approved training course specific to Class V facilities and pass the board-approved examination for Class V.*
2. *Individuals holding a valid and unexpired Class II license on the effective date of this chapter shall be issued a Class V license without meeting the requirements of subdivision 1 of this subsection.*

## **18 VAC 155-20-160. Procedures for renewal.**

A. Licenses issued under this chapter shall expire biennially. Licensees shall be notified by mail of the fee and the procedures for license renewal. Each licensee desiring to renew his license shall ensure that the department receives the renewal notice; evidence of completion of continuing professional education/training; *a statement that the license renewal applicant is in compliance with all facility specific operator training and examination requirements of federal and Virginia law and regulations, and of the facility operating permit(s);* and the appropriate fee before the license expires.

~~B. For the purposes of the first renewal after May 1, 2000, the expiration date of all licenses issued to a single individual shall be the expiration date on the license most recently issued to or renewed for that individual. Each license issued after May 1, 2000, shall indicate the class or classes of licensure held by the licensee.~~

~~C.~~ B. Licenses shall be renewed for a period of 24 months from the date of the expiring license.

~~D.~~ C. Failure to receive written notice from the department does not relieve the regulant from the requirement to renew his license. If the license holder fails to receive the renewal notice, a copy of the license may be submitted with evidence of completion of the continuing education/training and the appropriate fee.

~~E.~~ D. The date the required fee is received by the department or its agent will be used to determine whether a penalty fee or the requirement for reinstatement of a license is applicable.

~~F.~~ E. Revoked or suspended licenses are not renewable until reinstated by the board.

### 18 VAC 155-20-220. Training course curriculum.

A. The board shall approve only training courses ~~which~~ *that* document that their instruction meets the minimum curriculum standards contained in this section.

B. A board-approved basic training course shall at a minimum include the following topics as they relate to nonhazardous solid waste management facilities:

1. Definitions.
2. Authority for regulations.
3. Purpose of regulations.
4. Administration of regulations.
5. Applicability of regulations.
6. Prohibitions.
7. Open dumps.
8. Unpermitted facilities.
9. Enforcement and appeal.
10. Penalties and enforcement.
11. Public participation.
12. Relationship with other regulations promulgated by the Virginia Waste Management Board, *the State Water Control Board, and the Virginia State Air Pollution Control Board.*
13. Identification of solid waste.
  - a. Purpose and scope.
  - b. Definitions of solid waste.
  - c. Special wastes.
  - d. Exclusions.
  - e. Conditional exemptions.
14. *Identification of unauthorized waste.*

~~14.~~ 15. Overview of open dumps and unpermitted facilities.

~~15.~~ 16. Permitting of solid waste management facilities.

~~16.~~ 17. Review of Department of Environmental Quality Inspection Form.

~~17.~~ 18. Overview of permitted solid waste management facilities.

- a. Transfer stations.
- b. Material recovery facilities.
- c. Experimental facilities.
- d. Sanitary landfills.
- e. Infectious waste incinerators.
- f. Mass burn facilities.
- g. Refuse derived fuel facilities.
- h. Yard waste composting facilities.*
- ~~h.~~ *i. Autoclaves.*

~~18.~~ 19. Overview of general OSHA requirements.

~~19.~~ 20. Neighbor relations.

~~20.~~ 21. Recordkeeping and financial assurance.

C. A board-approved training course specific to Class II facilities shall include at a minimum the following topics:

1. Definitions.
2. Special wastes.
  - a. General.
  - b. Asbestos wastes.
  - c. Wastes containing polychlorinated biphenyls.
  - d. Liquids.
  - e. Tires.
  - f. Drums.
  - g. White goods.
  - h. Soil contaminated with petroleum products.
  - i. Lead acid batteries.
  - j. Other prohibited wastes.
  - k. Hazardous wastes.
  - l. Screening for prohibited wastes.
  - m. Handling procedures for special or hazardous wastes.
  - n. Recordkeeping and notification requirements.
3. ~~Solid waste disposal standards.~~ *Sanitary landfills.*
  - ~~a. General standards for sanitary landfills.~~
  - ~~b.~~ *a. Design/construction.*
  - ~~c.~~ *b. Operation.*
  - ~~d.~~ *c. Groundwater monitoring.*
  - ~~e. Closure.~~
  - ~~f. Post-closure care requirements.~~

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- ~~g.~~ *d. Control of decomposition gases and landfill gas recovery systems.*
- ~~h.~~ *e. Leachate control system and monitoring.*
- ~~i.~~ *f. Leachate control system appurtenances.*
- ~~j.~~ *Corrective action program.*
- g. Large landfill air operating permits.*
- 4. Construction/demolition debris standards.
- 5. Industrial waste disposal standards.
- 6. Other solid waste management facility standards.
  - ~~a.~~ *Compost facilities.*
  - ~~b.~~ *a. Surface impoundments and lagoons.*
  - ~~c.~~ *b. Waste piles.*
  - ~~d.~~ *c. Miscellaneous units.*
- 7. Permitting of solid waste management facilities.
  - a. Solid waste.*
  - b. Virginia Pollution Discharge Elimination System (VPDES) permits and related water and wastewater permits.*
  - c. Air.*
- 8. Financial assurance documentation.
  - a. Closure regulations.*
  - b. Post-closure regulations.*
  - c. Corrective action.*
- 9. Rulemaking petitions and procedures.
- D. A board-approved training course specific to Class III facilities shall include at a minimum the following topics:
  - 1. Identification and listing of infectious waste.
    - a. General.
    - b. Exemption to regulations.
    - c. Exclusions.
    - d. Characteristics of infectious waste.
    - e. Controlled infectious waste.
  - 2. General requirements.
    - a. Permits and permits by rule.
    - ~~b.~~ *Financial assurance requirements.*
    - ~~c.~~ *b. Packaging and labeling requirements.*
    - ~~d.~~ *c. Management of spills.*
    - ~~e.~~ *Closure requirements.*
    - f. d. Methods of treatment and disposal.*
    - g. e. Approved test method.*
  - ~~h.~~ *f. Recordkeeping requirements.*
- 3. Requirements for storage facilities.
  - a. Sanitation.
  - b. Access.
  - c. Temperature control and storage period.
  - d. Drainage and ventilation.
- 4. Requirements for transportation.
  - a. Sanitation.
  - b. Access.
  - c. Temperature and storage period.
  - d. Drainage.
  - e. Packaging, labeling and placards.
  - f. Management of spills.
  - g. Loading and unloading.
  - h. Registration of transportation.
- 5. Requirements for incineration.
  - a. Performance standards.
  - b. Analysis and management of ash residue.
  - c. Unloading operation.
  - d. Facility air operating permits.*
  - ~~e.~~ *Compliance with other regulatory requirements.*
- 6. Requirements for steam sterilization.
  - a. Performance standards.
  - b. Compliance with other regulatory requirements.
- 7. Medical waste combustor regulations.*
- 8. Financial assurance documentation.*
  - a. Closure regulations.*
  - b. Corrective action.*
- E. A board-approved training course specific to Class IV facilities shall include at a minimum the following topics:
  - 1. Solid Waste Management Regulations.
    - a. Siting.
    - b. Design and construction.
    - c. Operation.
    - d. Waste characteristics.
  - 2. Emissions formation and control.
    - a. Type of emissions.
    - b. Environmental effect.
    - c. Control techniques.

3. Emissions monitoring.
    - a. Parameters monitored.
    - b. Types of monitors.
    - c. Data acquisition.
    - d. Monitor calibration, certification and testing.
  4. Combustion and gas reactions.
    - a. Combustion components.
    - b. Optimizing solid waste combustion.
    - c. Gas reactions related to combustor construction materials.
  5. Solid waste materials handling.
    - a. Front end processing equipment.
    - b. Combustion enhancement.
    - c. Back end processing.
    - d. Recycling benefits.
  6. Waste combustion residue handling and disposal.
    - a. Types of residue.
    - b. Characteristics.
    - c. Regulations.
    - d. Monitoring.
    - e. Handling and transportation.
    - f. Disposal.
    - g. Alternative uses.
  7. Safety.
    - a. Employer/employee obligations.
    - b. OSHA.
    - c. Hazard communication.
    - d. Equipment tagout.
    - e. Respiratory protection.
  8. Recordkeeping.
    - a. Engineering log keeping.
    - b. Maintenance.
    - c. Solid waste.
  9. *Virginia pressure vessel regulation.*
  10. *Air pollution control regulations for waste combustors.*
  11. *Facility air operating permits.*
  12. *Plant operations.*
    - a. *Thermal fluids theory.*
    - b. *Boiler plant operations.*
  13. *Financial assurance documentation.*
    - a. *Closure regulations.*
    - b. *Corrective action.*
- F. A board-approved training course specific to Class V facilities shall include at a minimum the following topics:*
1. *Land use, siting, facility design and operation.*
  2. *Applicable Department of Environmental Quality regulations.*
    - a. *The Virginia Waste Management Board, 9 VAC 20-80 (Solid Waste Management Regulations) and 9 VAC 20-101 (Vegetative Waste Management and Yard Waste Composting Regulations);*
    - b. *The Virginia State Water Control Board, 9 VAC 25-31 (Virginia Pollutant Discharge Elimination System (VPDES) Permit Regulation), 9 VAC 25-32 (Virginia Pollution Abatement (VPA) Permit Regulation), and 9 VAC 25-151 (Virginia Pollutant Discharge Elimination System (VPDES) Permit for Discharges of Stormwater Associated with Industrial Activity); and*
    - c. *The Virginia State Air Pollution Control Board, 9 VAC 5-40-130 through 9 VAC 5-40-150 (Emission Standards for Odor (Rule 4-2)) and 9 VAC 5-50-130 through 9 VAC 5-50-150 (Standards of Performance for Odorous Emissions (Rule 5-2)).*
  3. *Overview of biological decomposition of organic materials.*
  4. *Characteristics of aerobic and anaerobic composting.*
  5. *Municipal solid wastes suitable for composting.*
  6. *Preparation of MSW for composting.*
    - a. *Particle size.*
    - b. *Pile size.*
    - c. *Temperature range.*
    - d. *Temperature retention.*
    - e. *Microorganisms.*
    - f. *Oxygen.*
    - g. *Moisture.*
    - h. *Chemical environment.*
  7. *Nutrients.*
    - a. *Biodegradable carbon.*
    - b. *Nitrogen.*
    - c. *Carbon to nitrogen ratios.*
  8. *Composting systems.*
    - a. *Windrow.*
    - b. *Aerated static piles.*
    - c. *In-vessel.*

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## 9. Compost applications.

- a. Economic and market considerations.
- b. Landfill cover.
- c. Application uses.

## 10. Problem solving.

- a. Odor control and odor control action plan.
- b. Leachate control.
- c. Contamination control.

### **18 VAC 155-20-280. Grounds for denial of application, denial of renewal, or discipline.**

A. The board shall have the authority to deny an application for and to deny renewal of a license or training course approval, and to revoke or suspend the license or training course approval as well as to discipline a licensee or an approved training provider for the following reasons:

1. Violating or inducing another to violate any provisions of Chapters 1 (§ 54.1-100 et seq.), 2 (§ 54.1-200 et seq.), 3 (§ 54.1-300 et seq.) or 22.1 (§ 54.1-2209 et seq.) of Title 54.1 of the Code of Virginia, or any ~~provisions~~ provision of this chapter.
2. Obtaining or renewing a license or training course approval through fraudulent means or misrepresentation.
3. Having been found guilty by the board, an administrative body or by a court of any material misrepresentation in the course of performing his operating duties.
4. Subject to the provisions of § 54.1-204 of the Code of Virginia, having been convicted or found guilty, regardless of jurisdiction, of any felony, or of any violation which that resulted in the significant harm or the imminent and substantial threat of significant harm to human health or the environment, there being no appeal pending therefrom or the time of appeal having elapsed. Any plea of nolo contendere shall be considered a conviction for the purposes of this chapter. A certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision shall be admissible as prima facie evidence of such conviction.
5. Failing to inform the board in writing within 30 days of pleading guilty or nolo contendere or being convicted or found guilty of any felony, or of any violation which that resulted in the significant harm or the imminent and substantial threat of significant harm to human health or the environment.
6. Gross negligence, or a continued pattern of incompetence, in the practice as a waste management facility operator.
7. Violating the permit conditions for the facility, or violating any federal, state or local laws or regulations which ~~results~~ that resulted in the significant harm or ~~an~~ the imminent and substantial threat of significant harm to human health or the environment.

B. Any individual whose license is revoked under this section shall not be eligible to apply for licensure for a period of one year from the effective date of the final order of revocation. After the one-year period, the individual shall meet all education, examination, experience and training requirements, complete the application and submit the required fee for consideration as a new applicant.

C. The board shall conduct disciplinary procedures in accordance with the Administrative Process Act (§ 9-6.14:1 2.2-4000 et seq. of the Code of Virginia).

<p><b>NOTICE:</b> The forms used in administering 18 VAC 155-20, Waste Management Facility Operators Regulations, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.</p>
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#### FORMS

License Application, 46LIC (rev. ~~3/10/00~~ 8/17/04).

Experience Verification Form, 46EXP (rev. 3/10/00).

Education Verification Form, 46ED (rev. 3/10/00).

Application for Training Course Approval, 46CRS (rev. ~~3/10/00~~ 8/03/04).

Examination Schedule and Location Request Form, 46EXLOC (rev. 12/16/99).



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10. Are you applying for a **Class III** or **Class IV** Virginia Waste Management Facility Operator License based on the training and examination requirement of a federal or state agency under the Clean Air Act Amendments of 1990 and plan to complete the board-approved basic training course within one year of licensure?

No   
Yes

11. Name and location of school or institution where you completed your highest level of education\*. Attach a completed Education Verification Form or official school transcript.

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\* In order to qualify for a Virginia Waste Management Facility Operator License, you must have received, at a minimum, a GED or high school diploma. If you cannot fulfill this requirement, you must document at least five years of experience with a waste management facility during the past seven years, with at least three years of experience in at least one of the activities outlined in 18 VAC 155-20-120.A.3 of the *Board for Waste Management Facility Operators Regulations*.

12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No   
Yes

If yes, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No   
Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my license. I also certify that I understand, and have complied with, all the laws of Virginia related to Waste Management Facility Operators licensure under the provisions of Title 54.1, Chapter 22.1 of the *Code of Virginia* and the *Virginia Board for Waste Management Facility Operators Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 3600 West Broad Street  
 Post Office Box 11066  
 Richmond, Virginia 23230-1066  
 (804) 367-8595  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)

**Board for Waste Management Facility Operators  
 APPLICATION FOR TRAINING COURSE APPROVAL  
 Fee \$125.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or  
 a completed credit card insert must be mailed with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

To obtain board approval of your waste management facility operator training course, your application package must include **3 copies** of the following documentation (see 18 VAC 155-20-230.D.2 of the *Board for Waste Management Facility Operators Regulations* for a detailed description of the specific information to be included):

- \* Audio-visual support materials
- \* Course and instructor evaluation form
- \* Course objectives
- \* Course outline (hour by hour detail including breaks)
- \* Course reference materials
- \* Handouts
- \* Instructor resume(s)
- \* Sample of Certificate of Course Completion

1. Name of Training Provider/Sponsor \_\_\_\_\_
2. Federal Employer Identification Number  -
3. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
4. E-mail Address \_\_\_\_\_
5. Telephone & Facsimile Numbers  
 ( ) - Telephone      ( ) - Facsimile      ( ) - Beeper/Cellular
6. Name & Title of Contact Person \_\_\_\_\_
7. Course Title \_\_\_\_\_
8. The course attendees will be trained for which license classification?  
 Class I      
 Class II     
 Class III    
 Class IV     
 Class V
9. Will this course be offered more than one time?  
 No     Scheduled course date \_\_\_\_\_  
 Yes    Scheduled course dates \_\_\_\_\_
10. Location(s) where course will be taught. \_\_\_\_\_
11. Name(s) and location(s) of facilities where site tour(s) will be conducted. **The basic training course is exempt from this site tour requirement.**  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER <b>4603</b>	ISSUE DATE
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12. Instructor(s) information

Instructor's Name	Title	Employer	Phone Number
			( ) -
			( ) -
			( ) -

13. How will satisfactory completion of this course be determined? Please select **all that apply**.

- Attendance
- Examination
- Site visits
- Skill demonstrations
- Other  \_\_\_\_\_

14. Contact Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

## BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

**Title of Regulation:** 18 VAC 160-20. Board for Waterworks and Wastewater Works Operators Regulations (amending 18 VAC 160-20-10, 18 VAC 160-20-74, 18 VAC 160-20-104, 18 VAC 160-20-106, 18 VAC 160-20-109 and 18 VAC 160-20-140; adding 18 VAC 160-20-95).

**Statutory Authority:** §§ 54.1-201 and 54.1-2301 of the Code of Virginia.

**Public Hearing Date:** August 11, 2005 - 9 a.m.

Public comments may be submitted until August 26, 2005.

(See Calendar of Events section for additional information)

**Agency Contact:** David Dick, Executive Director, Board for Waterworks and Wastewater Works Operators, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-2176, FAX (804) 367-6128, or e-mail [waterwasteoper@dpor.virginia.gov](mailto:waterwasteoper@dpor.virginia.gov).

**Basis:** Section 54.1-201 gives general powers and duties to the board and § 54.1-2301 authorizes the board to examine operators and issue licenses. The licenses may be issued in specific operator classifications to attest to the competency of an operator to supervise and operate waterworks and wastewater works while protecting the public health, welfare and property and conserving and protecting the water resources of the Commonwealth.

**Purpose:** The purpose of the planned regulation amendments is to allow applicants that meet all of the board's license qualification requirements except for experience at a classified facility to sit for the board's examination. Those so qualified who do pass the examination will be issued a conditional license. A full license will be issued upon receipt of documentation of one-half of the classified facility experience from a conditional license holder. The public health, safety and welfare will benefit from a larger pool of qualified individuals that can more quickly become licensed to operate a classified facility and from the operation of nonclassified facilities by those who have met the standards set by the board's regulations.

The goal is to allow individuals who are technically qualified but who have not obtained experience at a classified facility operated under the oversight of the Virginia Department of Health or the Virginia Department of Environmental Quality to sit for the board's examination. The board expects a disproportionately large number of operator retirements in the coming years and feels that this amendment will create a pool of qualified individuals that can become licensed after a relatively short period of employment at a classified facility. Costs to the facilities (many of which are publicly owned and funded) to recruit replacements should be reduced as a result.

Conditional licensees operating nonclassified facilities would be under the disciplinary authority of the board. The board can take action against a conditional license holder should his operation cause an adverse affect to the consuming public or to the classified facilities receiving his treated waste.

**Substance:** The definition section (18 VAC 160-20-10) is being amended to add four definitions to enhance the clarity of the amendments to the regulation text.

The license required section (18 VAC 160-20-74) is being amended to add a subsection stating that a conditional license shall not authorize an individual to serve as the operator of a classified facility.

A new section (18 VAC 160-20-95) is being added to establish the entry standards for a conditional license and the standards one holding a conditional license must meet to obtain a license authorizing him to operate a classified facility.

The maintenance of license section (18 VAC 160-20-104) is being amended to require conditional licensees to notify the board in writing of changes in name or address, and to operate under the name in which the license is issued.

The renewal section (18 VAC 160-20-106) is being amended to provide for conditional licenses to be issued, expired, and renewed in the same manner as licenses.

The continuing professional education section (18 VAC 160-20-109) is being amended to require conditionally licensed waterworks operators to meet the continuing professional education (CPE) requirement as a condition of conditional license renewal.

The disciplinary section (18 VAC 160-20-140) is being amended to add conditional licensees as an entity under the disciplinary authority of the board.

**Issues:** No disadvantage to the public or the Commonwealth has been identified.

The primary advantages to the public are the availability of a pool of conditional licensees that are qualified to fill classified facility operator vacancies and the increased competency of conditional licensees operating nonclassified facilities whose performance can impact on the public health, safety and welfare.

From time to time classified facilities that receive material from nonclassified facilities are adversely impacted by errors in the operation of the nonclassified facility. This proposal allows nonclassified facilities to have their operators obtain a conditional license. Better nonclassified facility operation should result and any act by a conditional licensee that fails to comply with the board's regulations subjects the conditional licensee to the board disciplinary authority.

**Department of Planning and Budget's Economic Impact**

**Analysis:** The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private

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## Proposed Regulations

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property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed regulations will create a conditional licensure program for waterworks and wastewater works operators who do not have classified facility experience required for standard licenses.

Estimated economic impact. The Board for Waterworks and Wastewater Works Operators (the board) proposes to create a conditional licensure program for operators who meet all the requirements for standard licensure except for the classified facility experience. Currently, operators who do not have the required classified facility experience, but who have comparable experience at a nonclassified facility are not allowed to take the board-approved examination and cannot be issued any of the waterworks and wastewater works operator licenses I through VI. Classified facilities are those wastewater works or waterworks facilities that are permitted either by the Department of Environmental Quality or by the Department of Health. Nonclassified facilities are those facilities that do not discharge wastewater into state waters or that use treated water only for industrial or commercial use. For example, a bottled water manufacturer, a soda manufacturer, or a factory processing wastewater internally for cooling purposes is not required to have a permit either from the Department of Environmental Quality or from the Department of Health. All facilities that are not required to obtain a permit are nonclassified facilities. Since these facilities are not regulated by the state, the number of such facilities in Virginia is not known.

Even though nonclassified facility experience does not count towards experience required for licensure, the nature of the operations performed at these facilities may be comparable to those performed at classified facilities. The board proposes to recognize and give some credit for nonclassified facility experience. Under the proposed rules, an operator who has comparable experience at a nonclassified facility that is equal in length to the classified facility experience required for standard licensure will be allowed to take the board-approved examination. Upon successful passage of the exam, the applicant will be issued a conditional operator license. Most importantly, the conditional license holder will be required to have only one half of experience required for standard licensure. In other words, this change will allow operators with comparable experience at a nonclassified facility to take the exam and be conditionally licensed, but will still require them to obtain half of the experience required for standard licensure at a classified facility in order to be fully licensed.

A conditional license will not authorize its holder to operate a classified facility without the supervision of a full licensee. A classified facility may hire someone without conditional license to perform the same tasks performed by a conditional licensee. Thus, having a conditional license will have no effect on types of tasks an operator-in-training may perform. However, a conditional license will reduce the experience requirement at a classified facility by half in order to be fully licensed. The length of experience required for Class VI through I range from six months to ten years depending on the education level and the type of prior experience. Thus, reducing the classified facility experience requirement by half

is likely to have a significant effect on some operators who have been performing comparable tasks at a nonclassified facility.

With the proposed changes, operators who have comparable nonclassified facility work experience will be afforded a chance to obtain full licensure within half of the time currently required. For example, under existing regulations, an operator who has a high school diploma and has many years of comparable experience at a nonclassified facility is not allowed to take the exam and obtain a license for Class VI waterworks without at least six months of operator-in-training experience at a classified facility. Under the proposed changes, the operator will be allowed to take the examination for conditional license if he has six months of comparable experience at a nonclassified facility and will be issued a full licensure when he gains an additional three months of experience at a classified facility.

The economic effects of this change on affected operators include additional career advancement opportunities and improved earnings potential. The classified facility owners are likely to be more willing to hire an operator with nonclassified facility experience over an operator with no experience as the former can obtain their licenses within half of the time the latter can. This will likely provide some advantage to operators with nonclassified facility experience over operators with no experience. Also, as affected operators will be able to obtain a full license sooner, they will be able to start earning higher wages sooner as well. Even though earnings data is not available for all levels of license classifications, a survey by the American Water Works Association indicates that fully licensed operators make about \$6,000 to \$7,000 more than the operators-in-training.<sup>1</sup> According to a very rough estimate by the Department of Professional and Occupational Regulation, about 160 wastewater treatment operators and 160 water treatment operators may apply for the new conditional licensure.

By reducing the requirements for nonclassified facility operators to be licensed, the proposed change is likely to also expand the pool of licensed operators available for hire and put downward pressure on wages of fully licensed operators. However, the department expects an increase in the demand for licensed operators in the long term. Thus, instead of seeing a reduction in wages, the net result might be a steady wage level while the demand for licensed operators grows. The net effect on wages will depend not only on the significance of this change but also on the significance of the expected increase in demand for licensed operators.

The effect of this change on the health and safety of waterworks and wastewater works operations is expected to be negligible. The board has routinely been making determinations with regard to comparability of experience, education, and training based on technical aspects of the

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<sup>1</sup> Median salaries reported for entry-level water treatment plant operators (operator-in-training) and water treatment plant operators are \$29,764 and \$36,680, respectively. Similarly, median salaries reported for entry-level wastewater treatment plant operators (operator-in-training) and wastewater treatment plant operators are \$29,325 and \$35,522, respectively. Source: 2003 Water Utility Compensation Survey of the American Water Works Association.

operations involved. Thus, if the board finds nonclassified facility work experience comparable to classified facility experience on its technical merits, we would not expect a significant increase in health and safety risks.

Applicants for conditional licensure will be subject to the same application, examination, and renewal fees as those seeking full licenses. Therefore, there will be an increase in the revenues collected by the board. Also, some employers may pay for the conditional licensure fees on behalf of their employees.

Provided, as expected, there is no increase in health and safety risks, the proposed conditional certification program will likely produce net economic benefits. It is expected to keep compliance costs for facility owners low due to the increased pool of licensed operators. It will also improve the earning potential of operators with comparable nonclassified facility experience. It is also worthwhile to note that the proposed conditional licensure program is optional. Because affected operators will use this option only if they anticipate net benefits from it and facility owners will hire the operators with conditional licenses only if they expect net benefits from it, it can be reliably inferred that the proposed change will provide net economic benefits for the affected operators and the owners.

Businesses and entities affected. The proposed regulations apply to approximately 5,417 waterworks and wastewater works operators. However, only about 320 operators are expected to apply for the proposed conditional licensure program.

Localities particularly affected. The proposed regulations apply throughout the Commonwealth.

Projected impact on employment. The proposed regulations are not expected to have significant effect on aggregate employment level. However, we may see some substitution between operators-in-training with comparable nonclassified facility experience and operators-in-training with no comparable experience.

Effects on the use and value of private property. The proposed regulations are not expected to produce any significant effects on the use and value of private property. Many of these facilities are not privately owned and the proposed conditional licensure program does not impose any direct costs on the facilities.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency agrees with the Department of Planning and Budget's economic impact analysis.

## Summary:

*The board proposes to create a conditional license that will require the applicant to meet all of the entry requirements for licensure except the requirement for experience operating a waterworks classified by the Virginia Department of Health or a wastewater works classified by the Virginia Department of Environmental Quality. Experience obtained at comparable nonclassified facilities would qualify an applicant to sit for the board's examination.*

*Those passing the examination would be issued a conditional license. Upon completion of and documentation to the board of one-half of the classified facility work experience required by the regulations, those holding a conditional license would be issued a license authorizing them to operate a classified facility.*

*Those holding conditional licenses will be required to pay the license renewal fee to maintain their conditional license, to complete continuing professional education (CPE) if they hold a waterworks conditional license, and to be subject to the disciplinary provisions of the board's regulations.*

## **18 VAC 160-20-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings,—unless the context clearly indicates otherwise:

"Board" means the Board for Waterworks and Wastewater Works Operators.

"Category" means the two divisions of waterworks and wastewater works operators' licenses, one being waterworks and the second being wastewater works.

"Classification" means the divisions of each category of waterworks and wastewater works operators' licenses into classes where Class "I" represents the highest classification.

*"Classified facility" means a waterworks that has been granted a classification by the Virginia Department of Health or a wastewater works that has been granted a classification by the Virginia Department of Environmental Quality.*

*"Conditional licensee" means an individual holding a valid conditional license issued by the board.*

*"Conditional licensure" or "conditional license" means a method of regulation whereby the Commonwealth recognizes an individual as having met specific standards but who is not authorized to operate a classified facility until he has met the remaining requirements for licensure and has been issued a license.*

"Contact hour" means 50 minutes of participation in a structured training activity.

"Continuing Professional Education (CPE)" means participation in a structured training activity that enables a licensed waterworks operator to maintain and increase the competence required to assure the public's protection.

"Department" means the Virginia Department of Professional and Occupational Regulation.

"Experience" means time spent learning how to physically and theoretically operate the waterworks or wastewater works as an operator-in-training or time spent operating a waterworks or wastewater works for which the operator is currently licensed.

"Licensed operator" means an operator with a license in the category and with a classification equal to or higher than the classification of the waterworks or wastewater works being operated.

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"Licensee" means an individual holding a valid license issued by the board.

"Licensure" means a method of regulation whereby the Commonwealth, through the issuance of a license, authorizes a person possessing the character and minimum skills to engage in the practice of a profession or occupation that is unlawful to practice without a license.

*"Nonclassified facility" means a facility that has not been classified by the Virginia Department of Health or a facility that has not been classified by the Virginia Department of Environmental Quality.*

"Operate" means any act of an individual, which may impact on the finished water quality at a waterworks or the plant effluent at a wastewater works.

"Operating staff" means individuals employed or appointed by an owner to work at a waterworks or wastewater works.

"Operator" means any individual employed or appointed by any owner, and who is designated by such owner to be the person in responsible charge, such as a supervisor, a shift operator, or a substitute in charge, and whose duties include testing or evaluation to control waterworks or wastewater works operations. Not included in this definition are superintendents or directors of public works, city engineers, or other municipal or industrial officials whose duties do not include the actual operation or direct supervision of waterworks or wastewater works.

"Operator-in-training" means an individual employed by an owner to work under the direct supervision and direction of an operator holding a valid license in the proper category and classification for the purpose of gaining experience and knowledge in the duties and responsibilities of an operator of a waterworks or wastewater works. An operator-in-training is not an operator.

"Owner" means the Commonwealth of Virginia, or any political subdivision thereof, any public or private institution, corporation, association, or any other entity organized or existing under the laws of this Commonwealth or of any other state or nation, or any person or group of persons acting individually or as a group, who own, manage, or maintain waterworks or wastewater works.

"Renewal" means continuing the effectiveness of a license for another period of time.

"Responsible charge" means the designation by the owner of any individual to have the duty and the authority to operate a waterworks or wastewater works.

"Structured training activity" means a formal educational process designed to permit a participant to learn a given subject or subjects through interaction with an instructor in a course, seminar, conference or other performance-oriented format.

"Wastewater works" means a system of (i) sewerage systems or sewage treatment works serving more than 400 persons, as set forth in § 62.1-44.18 of the Code of Virginia; (ii) sewerage systems or sewage treatment works serving fewer than 400 persons, as set forth in § 62.1-44.18 of the Code of

Virginia, if so certified by the State Water Control Board; and (iii) facilities for discharge into state waters of industrial wastes or other wastes, if certified by the State Water Control Board.

"Waterworks" means a system that serves piped water for drinking or domestic use to (i) at least 15 connections or (ii) at least 25 of the same individuals for more than six months out of the year. The term waterworks shall include all structures, equipment, and appurtenances used in the storage, collection, purification, treatment and distribution of pure water, except the piping and fixtures inside the building where such water is delivered.

## **18 VAC 160-20-74. License required.**

A. To serve as an operator of a waterworks or wastewater works, it shall be necessary to hold a valid license issued by the board for a classification equal to or greater than the classification of the waterworks or wastewater works to be operated and in the appropriate category. Issuance of a new classification of license shall void all previously issued licenses in the same category. No licensee shall hold two licenses of different classifications in the same category. The board shall issue a license only after an individual has met all experience and examination requirements as set forth in this chapter.

*B. Conditional licensure shall not authorize an individual to serve as the operator of a classified facility.*

## **18 VAC 160-20-95. Conditional licensure.**

A. *Each person desiring conditional licensure shall make application in accordance with 18 VAC 160-20-76 and shall meet all of the requirements of 18 VAC 160-20-90 except that the experience requirement may be met through experience gained as an operator of a nonclassified facility provided that:*

*1. The experience is obtained at a nonclassified facility that is comparable in size and in the treatment processes used to those facilities described in 18 VAC 160-20-120 in the case of waterworks or to those facilities described in 18 VAC 160-20-130 in the case of wastewater works.*

*2. The experience is obtained while performing actual facility operation duties that provide experience comparable to that obtained at a classified facility. Experience limited solely to the operation and maintenance of wastewater collection systems and water distribution systems, laboratory work, plant maintenance and other nonoperating duties shall not be counted as qualifying experience. Except that experience limited to water distribution system operation and maintenance at a nonclassified facility that is comparable to a facility classified as a Class V or Class VI waterworks may be counted for a conditional Class V or Class VI license.*

*B. Each applicant meeting the requirements of subsection A of this section shall be eligible to sit for the operator examination for the category and class of operator license that is comparable to the nonclassified facility where the experience was obtained and shall be issued a conditional license upon obtaining a passing score on the examination.*

C. Each individual holding conditional licensure may apply for licensure by submitting evidence of having met 50% of the experience required by 18 VAC 160-20-90.

**18 VAC 160-20-104. Maintenance of license.**

A. The licensee or conditional licensee shall notify the board in writing within 30 days of any change of name or address.

B. All licensees and conditional licensees shall operate under the name in which the license is issued.

**18 VAC 160-20-106. Renewal.**

A. Licenses and conditional licenses for waterworks operators shall expire on the last day of February of each odd-numbered year. Licenses and conditional licenses for wastewater works operators shall expire on the last day of February of each even-numbered year.

B. The Department of Professional and Occupational Regulation shall mail a renewal notice to the licensee and the conditional licensee outlining the procedures for renewal. Renewal notices shall be mailed to the licensee and to the conditional licensee at the last known address of record. Failure to receive written notice shall not relieve the licensee or the conditional licensee of the obligation to renew and pay the required fee outlined in 18 VAC 160-20-102.

C. Each licensee and conditional licensee applying for renewal shall return the renewal notice, fee, and, in the case of waterworks licensees and conditional licensees only, a statement that the applicant for license renewal has met the CPE requirement established in 18 VAC 160-20-109 prior to the expiration date shown on the license. If the licensee or conditional licensee fails to receive the renewal notice, a copy of the expired license or conditional license may be submitted in place of the renewal notice along with the required fee and, in the case of waterworks licensees and conditional licensees only, a statement that the licensee or conditional licensee has met the CPE requirement in 18 VAC 160-20-109.

D. The date on which the renewal fee and any required forms are actually received by the board or its agent shall determine whether an additional fee is due.

E. If the requirements of subsection C of this section are met more than 30 days but less than 12 months after the expiration date on the license or conditional license, a late penalty fee shall be required as established in 18 VAC 160-20-102. The date on which the renewal application, any required documentation and the required fees are actually received by the board or its agent shall determine whether the licensee or conditional licensee is eligible for renewal and whether an additional fee is due.

F. Any individual who fails to renew his license or conditional license within 12 months after the expiration date printed on the license or the conditional license, as appropriate, shall apply for a new license by examination or for a new conditional license in accordance with Part II (18 VAC 160-20-74 et seq.) of this chapter. Such individual shall be deemed to be eligible to sit for the examination for the same category and class of license as the expired license or conditional license.

G. The board may deny renewal of a license or conditional license for the same reasons as it may refuse initial licensure or conditional licensure or discipline a licensee or conditional licensee.

**18 VAC 160-20-109. Waterworks operator continuing profession education (CPE).**

A. ~~Effective with the February 2003 license renewal cycle,~~ Each licensed and conditionally licensed waterworks operator shall have completed the following number of CPE contact hours required for his class of license:

1. Class I, II, and III operators shall obtain a minimum of 20 contact hours during each license renewal cycle.
2. Class IV operators shall obtain a minimum of 16 contact hours during each license renewal cycle.
3. Class V operators shall obtain a minimum of eight contact hours during each license renewal cycle.
4. Class VI operators shall obtain a minimum of four contact hours during each license renewal cycle.

CPE provisions do not apply for the renewal of licenses or conditional licenses that were held for less than two years on the date of expiration.

B. The subject matter addressed during CPE contact hours shall be limited to the content areas covered by the board's examination.

C. Any course approved by the board for substitution as training credits or formal education semester hours, as provided for in 18 VAC 160-20-160, shall also be acceptable on an hour-for-hour basis for CPE contact hours. One semester hour of college credit shall equal 15 CPE contact hours, and one quarter hour of college credit shall equal 10 CPE credit hours.

D. The following evidence shall be maintained to document completion of the hours of CPE specified in subsection A of this section:

1. Evidence of completion of a structured training activity which shall consist of the name, address and telephone number of the sponsor;
2. The dates the applicant participated in the training;
3. Descriptive material of the subject matter presented; and
4. A statement from the sponsor verifying the number of hours completed.

E. Each licensee and conditional licensee shall maintain evidence of the satisfactory completion of CPE for a period of at least one year following the end of the license renewal cycle for which the CPE was taken. Such documentation shall be in the form required by subsection D of this section and shall be provided to the board or its duly authorized agents upon request.

F. The licensee or conditional licensee shall not receive CPE credit for the same training course or structured training activity more than once during a single license renewal cycle to meet the CPE requirement unless the same training course

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or structured training activity is an annual requirement established by Virginia or federal regulations.

G. The licensee *or conditional licensee* may receive CPE credit for a training course or structured training activity which has been mandated by Virginia or federal regulation towards fulfilling the CPE requirement.

H. The licensee *or conditional licensee* may petition the board for additional time to meet the CPE requirement. However, CPE hours earned during a license renewal cycle to satisfy the CPE requirement of the preceding license renewal cycle shall be valid only for that preceding license renewal cycle.

## 18 VAC 160-20-140. Discipline.

The board has the power to discipline and fine any licensee *or conditional licensee* and to suspend or revoke or refuse to renew or reinstate any license *or conditional license* as well as the power to deny any application for a license *or conditional license* under the provisions of Chapter 23 (§ 54.1-2300 et seq.) of Title 54.1 of the Code of Virginia and this chapter for any of the following:

1. Obtaining or renewing a license *or conditional license* through fraudulent means or misrepresentation;
2. Having been convicted or found guilty by a court in any jurisdiction of any felony or of any misdemeanor involving lying, cheating or stealing, or for activities carried out while engaged in waterworks or wastewater works activities, there being no appeal pending therefrom or the time for appeal having lapsed. Any plea of *nolo contendere* shall be considered a conviction for purposes of this subsection. A certified copy of a final order, decree or case decision by a court or regulatory agency with the lawful authority to issue such order, decree or case decision shall be *prima facie* evidence of such conviction or discipline. The record of conviction certified or authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as *prima facie* evidence of such guilt;
3. Not demonstrating reasonable care, judgment, or application of the required knowledge, skill and ability in the performance of the operating duties;
4. Violating or inducing another person to violate any provisions of Chapter 1, 2, 3 or 23 of Title 54.1 of the Code of Virginia, or of any provision of this chapter;
5. Having been found guilty by the board, an administrative body or by a court of any activity in the course of performing his operating duties that resulted in the harm or the threat of harm to human health or the environment;
6. Failing to inform the board in writing within 30 days of pleading guilty or *nolo contendere* or being convicted or found guilty, regardless of adjudication, of any felony which resulted in the harm or the threat of harm to human health or the environment. Failing to inform the board in writing within 30 days of pleading guilty or *nolo contendere* or being convicted of or found guilty, regardless of adjudication, of any felony or of any misdemeanor for activities carried out while engaged in waterworks or wastewater works activities or involving lying, cheating or stealing; or

7. Negligence, or a continued pattern of incompetence, in the practice as a waterworks or wastewater works operator.

**NOTICE:** The forms used in administering 18 VAC 160-20, Board for Waterworks and Wastewater Works Operators Regulations, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

### FORMS

License Application, 19LIC (rev. 12/04).

Re-Examination Application, 19REEX (rev. 12/04).

Continuing Professional Education (CPE) Certificate of Completion, 19CPE (eff. 3/01).

Application for Training Course Approval, 19CRS (rev. 7/01).

Experience Verification Form, 19EXP (rev. 1/03).

Exam Location Request Form, 19EXLOC (rev. 12/03).

Out-of-State Facility Description Form, 19OOSFAC (eff. 1/03).

*Nonclassified Facility Description Form, 19NCFAC (eff. 8/04).*



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## TITLE 22. SOCIAL SERVICES

### STATE BOARD OF SOCIAL SERVICES

**Title of Regulation:** 22 VAC 40-740. Adult Protective Services (amending 22 VAC 40-740-10, 22 VAC 40-740-40, 22 VAC 40-740-50, 22 VAC 40-740-60; repealing 22 VAC 40-740-20, 22 VAC 40-740-30; adding 22 VAC 40-740-21, 22 VAC 40-740-31, 22 VAC 40-740-70, 22 VAC 40-740-80).

**Statutory Authority:** § 63.2-217 and Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2 of the Code of Virginia.

**Public Hearing Date:** N/A -- Public comments may be submitted until August 26, 2005.

(See Calendar of Events section for additional information)

**Agency Contact:** Sue Murdock, Adult Services Programs Consultant, Division of Family Services, Department of Social Services, 7 North 8th Street, Richmond, VA 23219, telephone (804) 726-7616, FAX (804) 726-7895, or e-mail susan.murdock@dss.virginia.gov.

**Basis:** Federal authority is Title XX of the Social Security Act, Section 2001, number (3). The state statute providing the mandate for this regulation is found in §§ 63.2-217 and 63.2-1603 through 63.2-1610 of the Code of Virginia. The amendments described herein are necessary to conform the regulation to the requirements set forth in Chapter 1011 and Chapter 749, 2004 Acts of Assembly.

**Purpose:** The purpose of this regulatory amendment is to conform the regulation to the Adult Protective Services (APS) Act that was passed in the 2004 Session of the General Assembly to establish enhanced protections for Virginia's vulnerable adult population and best practices in APS for the Commonwealth. Recommendations are based on those from an APS Advisory Committee that was established to assess Virginia's APS program and a legislative report issued in December 2002 entitled, Adult Protective Services: Identifying and Preventing Adult Abuse, Neglect, and Exploitation, which included a comprehensive review of other states' APS programs and suggestions received from interested persons.

The best national estimate of the incidence and reporting of elder abuse and neglect is that only 16% of all incidences are reported to APS (National Elder Abuse Incidence Study (NCAIS), 1998). Many adult abuse researchers have indicated that we have just seen the "tip of the iceberg" of adult abuse reported cases. Despite a trend toward an increased emphasis on a quality aging experience and a commitment to improving the lives of the elderly and adults who have a disability, abuse, neglect, and exploitation of the elderly has gone largely unidentified and unnoticed.

**Substance:** 1. Clarifying population served and adding that reports of suspected abuse, neglect, or exploitation may be made to the local department of social services (local department) or the 24-hour, toll-free APS hotline;

2. Requiring local departments to initiate an investigation within 24 hours of the report;

3. Requiring the local department to refer matters as appropriate to the appropriate licensing, regulatory, or legal authority for administrative action or criminal investigation;

4. Defining "collateral," "disposition," "documentation," "notification," "preponderance of evidence," "service plan," and "valid report;"

5. Changing the timeframe for reporting of suspected adult abuse, neglect, or exploitation by mandated reporters to "immediately" except reports by nursing facility inspectors employed by the Department of Health in the course of a survey. "Immediately" is defined as "without delay and not later than the conclusion of any review necessary to determine when the suspicion is reasonable;"

6. Adding persons to the list of APS mandated reporters, including persons in professions regulated by the Department of Health Professions, emergency medical services personnel, and guardians;

7. Noting that the APS Program respects the rights of adults with capacity to make their own decisions, even if they do not appear to reasonably be in the best interest of the adult;

8. Requiring mandated reporters to report immediately to the appropriate medical examiner and law-enforcement agency when there is reason to suspect that an adult died as a result of abuse or neglect;

9. Updating the entities that can receive APS information when there is legitimate interest in a case and allowing the commissioner or a local director to add entities as necessary; and

10. Authorizing the Commissioner of the Department of Social Services to impose civil money penalties for cases of nonreporting by all mandated reporters except law-enforcement officers (the courts would take these cases), determining how penalties will be determined, and establishing an appeals process.

**Issues:** Issues associated with this proposed regulatory action include:

1. Developing procedures to foster cooperation between all the regulatory, administrative, and legal authorities that may be involved in an APS investigation or referral, including other health professionals who are regulated by the Board of Health Professions;

2. Involving employers of mandated reporters to a greater extent in the efforts to notify mandated reporters of their responsibilities;

3. Authorizing the Commissioner of the Department of Social Services to impose civil money penalties for cases of nonreporting by all mandated reporters except law-enforcement officers (the courts would take these cases), determining how penalties will be determined, and developing an appeals process;

4. Enhancing the role of law-enforcement departments and medical examiners and other state and local departments, agencies, authorities, and institutions to cooperate with APS in the detection, investigation, and prevention of adult abuse, neglect, and exploitation; and

5. Developing a model protocol and procedures for the operation of adult fatality review teams.

The primary advantage of this action is to better protect and serve some of the Commonwealth's most vulnerable citizens by fostering cooperation between agencies and adding new mandated reporters in the community. This action poses no disadvantages to the public or the Commonwealth. Employers of mandated reporters are asked to ensure that their employees who are mandated reporters are notified of their responsibilities; information has been developed by the department for this purpose and can be added to existing employee orientations.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed amendments expand the scope of mandated reporters to include health professions regulated by the Department of Health Professions, emergency medical services personnel, and guardians. These changes allow the agency's existing regulation to comply with changes to the Code of Virginia effective July 1, 2004. Also, pursuant to Chapters 749 and 1011 of the 2004 Acts of Assembly<sup>1</sup>, the proposed amendments authorize the Commissioner of Social Services or his designee to assess civil penalties for nonreporting by a mandated reporter of suspected abuse, neglect, or exploitation of vulnerable adults. Finally, the proposed regulations include numerous clarifications.

Estimated economic impact. These regulations contain standards and procedures for the protection of elderly and incapacitated adults. More specifically, the rules establish procedures for reporting and investigating suspected abuse, neglect, and exploitation; for providing protective services; and for intervening in emergencies. In 2004, the Department of Social Services (the department) received 11,821 reports of adult abuse, neglect, and/or exploitation. Of these reports, 7,152 or 61% were substantiated. However, most elderly abuse and neglect cases are not

reported. According to a national study, the number of reported cases represents only 16% of the abuse cases that actually occur.

One of the proposed changes will expand the scope of mandated reporters to include certified emergency personnel, guardians, and conservators, as well as persons licensed, certified, or registered by health regulatory boards, including dentists, pharmacists, and funeral directors. According to Virginia Employment Commission data, there currently are 1.1 million mandated reporters in Virginia, representing approximately 33% of the workforce. The proposed changes will require an additional 197,328 individuals to report suspected adult abuse and neglect, increasing the percentage of the workforce required to report to about 39%.

An increase in the number of people who are required to report adult abuse and neglect is likely to increase the number of reports the department receives. More reports would help the department discover more cases of substantiated adult abuse and neglect cases, especially given the significant amount of underreporting in this area. Thus, the main objective of this proposed change is to discover more cases of adult abuse and neglect and provide appropriate protection, services, or intervention, as needed. The department estimates an increase of 10% or 1,200 reports received annually. The provision of these services should increase the health, safety, and well-being of Virginia's vulnerable elderly population and adults with disabilities. On the other hand, discovery of more cases is expected to increase state expenditures associated with providing adult protective services. In fiscal year 2003, the total statewide funding for adult protective services was about \$1 million. Thus, even though a precise fiscal estimate is not available, a 10% increase in the number of reports could increase the expenditures by approximately \$100,000. The associated costs of this change on mandated reporters should be minimal as mandated reporters can easily call a toll-free number to report suspected abuse, neglect, and exploitation. In estimates prepared for the Adult Protective Services Act, it was determined that the legislative changes could increase caseloads by four to five adults per local agency.

Another proposed change, pursuant to legislation passed in 2004, will authorize the Commissioner of Social Services or his designee to assess civil penalties for nonreporting of suspected abuse, neglect, or exploitation of vulnerable adults by a mandated reporter (except in the case of law enforcement, which would continue to fall under the purview of the courts). In the past, only the courts could impose penalties. Guidelines require directors of local departments of social services to recommend incidents of nonreporting to the commissioner for consideration of the imposition of a fine. With this change, the commissioner or his designee may impose a penalty up to \$500 for the first offense. For the second and subsequent offenses, the penalty may be more than \$100 and less than \$1,000. These fines are the same as have been in statute for several years.

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<sup>1</sup> Senate Bill 318 and House Bill 952.

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The possibility of facing civil penalties assessed by the commissioner or his designee, coupled with the strict enforcement of this authority, should strengthen the incentives to report such cases. Similar to the previous change, more reports should help the department uncover more abuse and neglect cases and improve the health, safety, and well being of Virginia's elder population and persons with disabilities. The Commonwealth will also enhance its revenues by the amount of civil penalties collected. However, there is no reliable estimate of the increase in magnitude of such collections, though they are expected to be minimal. On the other hand, the costs associated with providing protective services should increase with the number of substantiated cases of abuse, neglect, and exploitation. Also, imposition of penalties will likely necessitate some administrative costs on the department. These costs may be related to verification of nonreporting, notification to the mandated reporter, and referral of the case to a court due to failure to report by a law-enforcement officer. Finally, if a mandated reporter contests the civil penalty in accordance with the Administrative Process Act, additional costs associated with the review of the appeal may be imposed on the department.

The rest of the proposed changes are clarifications of the current code language or policy and should not introduce any new significant costs or benefits other than removing ambiguities, thereby preventing noncompliance with the existing requirements, which may be costly.

Businesses and entities affected. The proposed regulations will increase the number of mandated reporters by an additional 197,328 individuals. More stringent reporting requirements and the possibility of facing civil penalties are expected to improve protection afforded to Virginia's elderly population and persons with disabilities. In 2000, the number of people who were 60 or older in Virginia was about 1.09 million. In 1995, approximately 300,000 elderly persons reported having a health condition or impairment that limited their daily activities.

Localities particularly affected. The proposed regulations apply throughout the Commonwealth.

Projected impact on employment. The proposed regulations are expected to increase the number of adult abuse and neglect cases the department discovers. This should increase not only the demand for labor by the local departments of social services to investigate additional cases, but also the demand for labor associated with providing these services. Thus, a positive impact on labor demand is expected.

Effects on the use and value of private property. The proposed regulations are not expected to have a direct impact on the value of real property. However, the asset value of private businesses being mandated reporters for adult protective services, and providing services for those vulnerable adults who need such services such as long-term care facilities, may increase as a result of the increase in demand for their services.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Department of Social Services concurs with the economic impact analysis prepared by the Department of Planning and Budget.

## Summary:

*The proposed amendments expand the scope of mandated reporters to include health professions regulated by the Department of Health Professions, emergency medical services personnel, and guardians. These changes allow the agency's existing regulation to comply with changes to the Code of Virginia effective July 1, 2004. Also, pursuant to Chapters 749 and 1011 of the 2004 Acts of Assembly the proposed amendments authorize the Commissioner of Social Services or his designee to assess civil penalties for nonreporting by a mandated reporter of suspected abuse, neglect, or exploitation of vulnerable adults. Finally, the proposed regulations include numerous clarifications.*

## PART I. DEFINITIONS.

### **22 VAC 40-740-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Abuse" means the willful infliction of physical pain, injury or mental anguish or unreasonable confinement.

"Adult" means any person in the Commonwealth who is abused, neglected, or exploited, or is at risk of being abused, neglected, or exploited; and is 18 years of age or older and incapacitated, or is 60 years of age and older.

"Adult protective services" means ~~services provided or arranged by the local department of social services which are necessary to prevent abuse, neglect, or exploitation of an adult. These services consist of the identification, receipt, and investigation of complaints and reports of adult abuse, neglect, and exploitation for incapacitated persons 18 years of age and over and persons 60 years of age and over. This service also includes the provision of social casework and group work in an attempt to stabilize the situation.~~ *the receipt, investigation and disposition of complaints and reports of adult abuse, neglect, and exploitation of adults 18 years of age and over who are incapacitated and adults 60 years of age and over by the local department of social services. Adult protective services also include the provision of casework and care management by the local department in order to stabilize the situation or to prevent further abuse, neglect, and exploitation of an adult at risk of abuse, neglect and exploitation.* If appropriate and available, adult protective services may include the *direct* provision of services by the local department or arranging for home-based care, transportation, ~~sheltered employment~~, adult day care services, meal service, legal proceedings, ~~placement alternative placements~~ and other activities to protect the adult.

"Collateral" means a person whose personal or professional knowledge may help confirm or rebut the

*allegations of adult abuse, neglect or exploitation or whose involvement may help ensure the safety of the adult.*

"Conservator" means a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person, and where the context plainly indicates, includes a "limited conservator" or a "temporary conservator."

"Department" means the Virginia Department of Social Services.

"Director" means the director or his delegated representative of the department of social services of the city or county in which the ~~person~~ *adult* resides or is found.

~~"Emergency" means that an adult is living in conditions which present a clear and substantial risk of death or immediate and serious physical harm to himself or others.~~

*"Disposition" means the determination of whether or not adult abuse, neglect or exploitation has occurred.*

*"Documentation" means information and materials, written or otherwise, concerning allegations, facts and evidence.*

"Exploitation" means the illegal use of an incapacitated adult or his resources for another's profit or advantage. This includes acquiring ~~a person's~~ *an adult's* resources through the use of ~~that person's~~ *the adult's* mental or physical incapacity; the disposition of the incapacitated ~~person's~~ *adult's* property by a second party to the advantage of the second party and to the detriment of the incapacitated ~~person~~ *adult*; misuse of funds; acquiring an advantage through threats to withhold needed support or care unless certain conditions are met; persuading an incapacitated adult to perform services including sexual acts to which the adult lacks the capacity to consent; *or by exerting undue influence over adults.*

"Guardian" means a person who has been legally invested with the authority and charged with the duty of taking care of the person and managing his property and protecting the rights of the person who has been declared by the circuit court to be incapacitated and incapable of administering his own affairs. The powers and duties of the guardian are defined by the court and are limited to matters within the areas where the person in need of a guardian has been determined to be incapacitated.

"Guardian ad litem" means an attorney appointed by the court to represent the interest of the ~~person~~ *adult* for whom a guardian or ~~committee conservator~~ is requested. On the hearing of the petition for appointment of a guardian or ~~committee conservator~~, the guardian ad litem advocates for the ~~person~~ *adult* who is the subject of the hearing, and his duties are usually concluded when the case is decided.

"Incapacitated person" means any adult who is impaired by reason of mental illness, mental retardation, physical illness or disability, *dementia* or other causes to the extent that the adult lacks sufficient understanding or capacity to make, communicate or carry out reasonable decisions concerning his or her well-being. This definition is for the purpose of establishing an adult's eligibility for adult protective services

and such adult may or may not have been found incapacitated through court procedures.

"Involuntary protective services" means those services authorized by the court for an adult who has been determined to need protective services and who has been adjudicated incapacitated and lacking the capacity to consent to receive the needed protective services.

"Lacks capacity to consent" means a preliminary judgment of a local department of social services social worker that an adult is unable to consent to receive needed services for reasons that relate to emotional or psychiatric problems, mental retardation, developmental delay, or other reasons which impair the adult's ability to recognize a substantial risk of death or immediate and serious harm to himself. The lack of capacity to consent may be either permanent or temporary. The worker must make a preliminary judgment that the adult lacks capacity to consent before petitioning the court for authorization to provide protective services on an emergency basis pursuant to § 63.2-1609 of the Code of Virginia.

"Legally incapacitated" means that the person has been adjudicated incapacitated by a circuit court because of a mental or physical condition which renders him, either wholly or partially, incapable of taking care of himself or his estate.

"Legally incompetent" means a person who has been adjudicated incompetent by a circuit court because of a mental condition which renders him incapable of taking care of his person or managing his estate.

~~"Legitimate interest" means that a public or private agency or the representative of such an agency has a need for specific information which is maintained by a local department of social services as a result of an adult protective services report or investigation. The information is needed in order to fulfill a recognized agency function which can reasonably be expected to serve the best interest of the adult who is the subject of the information. Agencies that may have a legitimate interest in such information are specified in 22 VAC 40-730-50 B a lawful, demonstrated privilege to access the information as defined in § 63.2-104 of the Code of Virginia.~~

"Local department" means any local department of social services in the Commonwealth of Virginia.

"Mandated reporters" means those persons who are required pursuant to § 63.2-1606 of the Code of Virginia; to report *immediately* to the local department ~~of social services or the adult protective services hotline~~ when such persons have reason to suspect that an adult is abused, neglected, ~~or exploited or is at risk of adult abuse, neglect, or exploitation.~~ *"Immediately" means without delay and not later than the conclusion of any review necessary to determine when the suspicion is reasonable.* ~~Persons required to make such reports include any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed by a public or private agency or facility and working with adults, any person providing full time or part time care to adults for pay on a~~

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~~regularly scheduled basis, any person employed as a social worker, any mental health professional, and any law enforcement officer. Reports shall be made forthwith by the following persons acting in their professional capacity upon their suspicion that adult abuse, neglect or exploitation has occurred:~~

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 of the Code of Virginia, with the exception of persons licensed by the Board of Veterinary Medicine;
2. Any mental health services provider as defined in § 54.1-2400.1 of the Code of Virginia;
3. Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 of the Code of Virginia;
4. Any guardian or conservator of an adult;
5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6. Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to, companion, chore, homemaker, and personal care workers;
7. Any law-enforcement officer; and
8. Medical facilities inspectors of the Department of Health. However, medical facilities inspectors are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with Title XVIII (Section 1846) and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123 of the Code of Virginia. Findings of adult abuse, neglect or exploitation by a medical facilities inspector shall be made known to adult protective services after the exit conference at the facility so that the local department can provide follow-up to facility residents who may be at risk of further abuse, neglect or exploitation.

"Mental anguish" means a state of emotional pain or distress resulting from activity (verbal or behavioral) of a perpetrator. The intent of the activity is to threaten or intimidate, to cause sorrow or fear, to humiliate or ridicule. There must be evidence that it is the perpetrator's activity ~~which~~ that has caused the adult's feelings of pain or distress.

"Neglect" means that an adult is living under such circumstances that he is not able to provide for himself or is not being provided such services as are necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. Neglect includes the failure of a caregiver, or ~~some other~~ another responsible person, to provide for basic needs to maintain the adult's physical and mental health and well-being; and it includes the adult's neglect of self. Neglect includes, *but is not limited to*:

1. The lack of clothing considered necessary to protect a person's health;
2. The lack of food necessary to prevent physical injury or to maintain life, including failure to receive appropriate food ~~when persons have~~ for adults with conditions requiring special diets;
3. Shelter ~~which that~~ is not structurally safe; has rodents or other infestations which may result in serious health problems; or does not have a safe and accessible water supply, safe heat source or sewage disposal. Adequate shelter for ~~a person~~ an adult will depend on the impairments of an ~~individual person~~ adult; however, the ~~person~~ adult must be protected from the elements ~~which that~~ would seriously endanger his health (e.g., rain, cold, or heat) and *could* result in serious illness or debilitating conditions;
4. Inadequate supervision by a caregiver (paid or unpaid) who has been designated to provide the supervision necessary to protect the safety and well-being of ~~adults~~ an adult in his care;
5. The failure of persons who are responsible for caregiving to seek needed medical care or to follow medically prescribed treatment for an adult, or the adult has failed to obtain such care for himself. The needed medical care is believed to be of such a nature as to result in physical and/or mental injury or illness if it is not provided; ~~and~~
6. Medical neglect includes, *but is not limited to*, the withholding of medication or aids needed by the adult such as dentures, eye glasses, hearing aids, walker, etc. It also includes the unauthorized administration of prescription drugs, over- or under-medicating, and the administration of drugs for other than bona fide medical reasons, as determined by a licensed health care professional; and
- ~~6. An adult who is self-neglecting by~~ 7. Self-neglect by an adult who is not meeting his own basic needs due to mental and/or physical impairments. Basic needs refer to such things as food, clothing, shelter, health or medical care.

"Notification" means informing designated and appropriate individuals of the local department's action and the individual's rights.

"Preponderance of evidence" means the evidence as a whole shows that the facts are more probable and credible than not. It is evidence that is of greater weight or more convincing than the evidence offered in opposition.

"Report" means an allegation by any person, ~~to a local department of social services~~, that an adult is in need of protective services. The term "report" shall refer to both reports and complaints of abuse, neglect, and exploitation of adults. *The report may be made orally or in writing to the local department or by calling the Adult Protective Services Hotline.*

"Service plan" means a plan of action to address the service needs of an adult in order to protect the adult, to

prevent future abuse, neglect or exploitation, and to preserve the autonomy of the adult whenever possible.

"Unreasonable confinement" means the use of restraints (physical or chemical), isolation, or any other means of confinement without medical orders, when there is no emergency and for reasons other than the adult's safety or well-being, or the safety of others.

"Valid report" means the local department of social services has evaluated the information and allegations of the report and determined that the local department shall conduct an investigation because all of the following elements are present:

1. The alleged victim adult is 60 years of age or older or is 18 years of age or older and is incapacitated;
2. There is an identifiable adult;
3. Circumstances allege abuse, neglect or exploitation or risk of abuse, neglect or exploitation; and
4. The local department receiving the report is a local department of jurisdiction.

"Voluntary protective services" means those services given provided to an adult who, after investigation by a local department, is determined to be in need of protective services and consents to receiving the services so as to mitigate the risk of abuse, neglect, or exploitation prevent further abuse, neglect, and exploitation of an adult at risk of abuse, neglect and exploitation.

PART II.  
POLICY.

**22 VAC 40-740-20. Application. (Repealed.)**

~~A. The application process is designed to assure the prompt provision of needed adult protective services including services to adults who are not able to complete and sign a service application.~~

~~B. Persons who may complete and sign an application for adult protective services on behalf of an adult who needs the service:~~

- ~~1. The adult who will receive the services or the adult's legally appointed guardian or conservator;~~
- ~~2. Someone authorized by the adult; or~~
- ~~3. The local department.~~

~~C. Primary responsibility for the investigation when more than one local department may have jurisdiction under § 63.2-1606 of the Code of Virginia, shall be assumed by the local department:~~

- ~~1. Where the subject of the investigation resides when the place of residence is known and when the alleged abuse, neglect, or exploitation occurred in the city or county of residence;~~
- ~~2. Where the abuse, neglect, or exploitation is believed to have occurred when the report alleges that the incident occurred outside the city or county of residence;~~

~~3. Where the abuse, neglect, or exploitation was discovered if the incident did not occur in the city or county of residence or if the city or county of residence is unknown and the place where the abuse, neglect, or exploitation occurred is unknown;~~

~~4. Where the abuse, neglect, or exploitation was discovered if the subject of the report is a nonresident who is temporarily in the Commonwealth.~~

~~D. When an investigation extends across city or county lines, local departments in those cities or counties shall assist with the investigation at the request of the local department with primary responsibility.~~

**22 VAC 40-740-21. The adult protective services investigation.**

A. This section establishes the process for the adult protective services investigation and provides priority to situations that are most critical.

B. The validity of the report shall be determined. Investigations shall be initiated by the local department not later than 24 hours from the time a valid report was received in the local department.

1. To initiate the investigation, the social worker must gather enough information concerning the report to determine (i) if the report is valid and (ii) if an immediate response is needed to ensure the safety of the alleged victim. Pertinent information may be obtained from the report, case record reviews, contact with the alleged victim, the reporter, friends and neighbors and service providers.

2. When determining the need for an immediate response, the social worker shall consider the following factors:

- a. The imminent danger to the adult or to others;
- b. The severity of the alleged abuse, neglect or exploitation;
- c. The circumstances surrounding the alleged abuse, neglect or exploitation; and
- d. The physical and mental condition of the adult.

3. A face-to-face contact with the alleged victim shall be made as soon as possible but not later than five calendar days after the initiation of the investigation unless there are valid reasons that the contact could not be made. Those reasons shall be documented in the Adult Protective Services Assessment Narrative as described in 22 VAC 40-740-40. The timing of the interview with the alleged victim should occur in a reasonable amount of time pursuant to circumstances in subdivision 2 of this subsection.

C. The report shall be reduced to writing within 72 hours of receiving the report on a form prescribed by the department.

D. The purpose of the investigation is to determine whether the adult alleged to be abused, neglected or exploited or at risk of abuse, neglect or exploitation is in need of protective

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services and, if so, to identify services needed to provide the protection.

E. The local department shall conduct a thorough investigation of the report.

F. The investigation shall include a visit and private interview with the adult alleged to be abused, neglected or exploited.

G. The investigation shall include consultation with others having knowledge of the facts of the particular case.

H. Primary responsibility for the investigation when more than one local department may have jurisdiction under § 63.2-1605 of the Code of Virginia shall be assumed by the local department:

1. Where the subject of the investigation resides when the place of residence is known and when the alleged abuse, neglect or exploitation occurred in the city or county of residence;

2. Where the abuse, neglect or exploitation is believed to have occurred when the report alleges that the incident occurred outside the city or county of residence;

3. Where the abuse, neglect or exploitation was discovered if the incident did not occur in the city or county of residence or if the city or county of residence is unknown and the place where the abuse, neglect or exploitation occurred is unknown; or

4. Where the abuse, neglect or exploitation was discovered if the subject of the report is a nonresident who is temporarily in the Commonwealth.

I. When an investigation extends across city or county lines, local departments in those cities or counties shall assist with the investigation at the request of the local department with primary responsibility.

J. When the local department receives information on suspicious deaths of adults, local department staff shall immediately notify the appropriate medical examiner and law enforcement.

## **22 VAC 40-740-30. Investigation. (Repealed.)**

~~A. This chapter establishes a time frame for beginning the adult protective services investigation and gives priority to situations believed to be the most critical.~~

~~B. Investigations shall be initiated by the local department:~~

~~1. Not later than 24 hours from the time the report was received if the situation is an emergency, as defined by § 63.2-1603 of the Code of Virginia.~~

~~2. Not later than five calendar days from the time the report was received for all other reports.~~

## **22 VAC 40-740-31. Application for the provision of services.**

A. Local departments are authorized to receive and investigate reports of suspected adult abuse, neglect and exploitation pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 54.1 of the Code of Virginia.

B. Upon completion of the investigation and the determination that the adult is in need of protective services, the adult protective services worker must obtain an application signed by the adult in need of services or his representative prior to service provision.

C. The application process is designed to assure the prompt provision of needed adult protective services including services to adults who are not able to complete and sign a service application.

D. Persons who may complete and sign an application for adult protective services on behalf of an adult who needs the service include:

1. The adult who will receive the services or the adult's legally appointed guardian or conservator;
2. Someone authorized by the adult; or
3. The local department.

## **22 VAC 40-740-40. Dispositions Assessment narrative and disposition.**

~~A. The disposition provides a concise statement of how the report of adult abuse, neglect, or exploitation has been resolved.~~

A. An assessment narrative shall be required for all adult protective services investigations and shall be titled "Adult Protective Services Assessment Narrative." The narrative must address, but is not limited to, the following:

1. Allegations in the report or circumstances discovered during the investigation that meet the definitions of abuse, neglect or exploitation.
2. The extent to which the adult is physically, emotionally and mentally capable of making and carrying out decisions concerning his health and well-being.
3. The risk of serious harm to the adult.
4. The need for an immediate response by the adult protective services worker upon receipt of a valid report.
5. The ability to conduct a private interview with the alleged victim, the alleged perpetrator (if known) and any collateral contacts having knowledge of the case.

B. After investigating the report, the adult protective services worker must review and evaluate the facts collected and make a disposition as to whether the adult is in need of protective services and, if so, what services are needed.

C. The disposition that the adult needs protective services shall be based on the preponderance of evidence that abuse, neglect or exploitation has occurred or that the adult is at risk of abuse, neglect or exploitation.

~~B. D. Possible dispositions.~~

1. ~~The subject of the report~~ Needs protective services. This disposition shall be used when:

a. A review of the facts shows ~~convincing~~ a *preponderance of evidence* that adult abuse, neglect or exploitation has occurred or is occurring; ~~or~~

b. ~~There is reason to suspect~~ A review of the facts shows a *preponderance of evidence* that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk; ;

c. The adult consents to receive services pursuant to § 63.2-1610 of the Code of Virginia; or

d. Involuntary services are ordered by the court pursuant to § 63.2-1609 or Article 1.1 (§ 37.1-134.6 et seq.) of Chapter 4 of Title 37.1 of the Code of Virginia.

2. Needs protective services and refuses. This disposition shall be used when:

a. A review of the facts shows a *preponderance of evidence* that adult abuse, neglect or exploitation has occurred or is occurring or the adult is at risk of abuse, neglect and exploitation; and

b. The adult refuses or withdraws consent to accept protective services pursuant to § 63.2-1610 of the Code of Virginia.

~~2-~~ 3. Need for protective services no longer exists. This disposition shall be used when the subject of the report no longer needs protective services. A review of the facts shows a *preponderance of evidence* that adult abuse, neglect, or exploitation has occurred. However, at the time the investigation is initiated, or during the course of the investigation the ~~person~~ adult who is the subject of the report ceases to be at risk of further abuse, neglect, or exploitation.

~~3-~~ The report is unfounded. ~~A~~ 4. Unfounded. This disposition shall be used when review of the facts does not show a *preponderance of evidence* that abuse, neglect, or exploitation occurred or that the adult is at risk of abuse, neglect, or exploitation.

~~G-~~ E. The investigation shall be completed and a disposition assigned by the local department within 45 days of the date the report was received. If the investigation is not completed within 45 days, the record shall document reasons.

F. A notice of the completion of the investigation must be made in writing and shall be mailed to the reporter within 10 working days of the completion of the investigation.

G. The Adult Protective Services Program shall respect the rights of adults with capacity to consider options offered by the program and refuse services, even if those decisions do not appear to reasonably be in the best interests of the adult.

**22 VAC 40-740-50. Disclosure of adult protective services information.**

A. This chapter describes the protection of confidential information including a description of when such information must be disclosed, when such disclosure of the information is at the discretion of the local department, what

information may be disclosed, and the procedure for disclosing the information.

~~B-~~ Departments that have a legitimate interest in confidential information:

~~4-~~ B. Department ~~service~~ staff ~~have~~ *having* legitimate interest ~~and~~ shall have regular access to adult protective services records maintained by the local department.

~~2-~~ C. The following agencies have ~~statutory or investigatory licensing, regulatory and legal authority for administrative action or criminal investigations,~~ and they have a legitimate interest in confidential information when such information is *relevant and reasonably necessary* for the fulfillment of their ~~statutory or regulatory licensing, regulatory and legal responsibilities and is consistent with the best interest of the adult who is the subject of the information:~~

~~a-~~ 1. Department of Mental Health, Mental Retardation and Substance Abuse Services;

~~b-~~ 2. Virginia Office for Protection and Advocacy;

~~c-~~ ~~Attorney General's~~ 3. Office of the Attorney General, including the Medicaid Fraud Control Program;

~~d-~~ 4. Department for the Aging;

~~e-~~ 5. Department of Health, including the Center for Quality Health Care Services and Consumer Protection *and the Office of the Chief Medical Examiner;*

~~f-~~ 6. Department of Medical Assistance Services;

~~g-~~ 7. Department of Health Professions;

~~h-~~ 8. Department for the Blind and Vision Impaired;

~~i-~~ 9. Department of Social Services, including the Division of Licensing Programs; and

~~j-~~ 10. The Office of the State Long-Term Care Ombudsman- *and local ombudsman;*

~~3-~~ Other public and private agencies including community services boards, area agencies on aging, and local health departments may have legitimate interest in confidential information.

11. Law-enforcement agencies;

12. Medical examiners;

13. Adult fatality review teams;

14. Prosecutors; and

15. Any other entity deemed appropriate by the commissioner or local department director that demonstrates a legitimate interest.

D. The local department shall disclose all relevant information to representatives of the agencies identified in subsection C of this section except the identity of the person who reported the abuse, neglect or exploitation unless the reporter authorizes the disclosure of his identity or the disclosure is ordered by the court.

E. The local department shall refer any appropriate matter and all relevant documentation to the appropriate licensing,

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*regulatory or legal authority for administrative action or criminal investigation.*

~~Ⓕ~~ *F.* Local departments may release information to the following persons when the local department has determined the person making the request has legitimate interest and the release of information is in the best interest of the adult:

~~1.~~ *1.* Representatives of *public and private agencies including community services boards, are agencies on aging and local health departments* requesting disclosure when the agency has legitimate interest ~~as identified in subsection B of this section;~~

~~2.~~ *Police or other law enforcement officials who are investigating adult abuse, neglect, or exploitation;*

~~3.~~ *2.* A physician who is treating an adult whom he reasonably suspects is abused, neglected; or exploited;

~~4.~~ *3.* The adult's legally appointed guardian or conservator;

~~5.~~ *4.* A guardian ad litem who has been appointed for an adult who is the subject of an adult protective services report;

~~6.~~ *5.* A family member who is responsible for the welfare of an adult who is the subject of an adult protective services report;

~~7.~~ *6.* An attorney representing a local department in an adult protective services case; ~~or~~

~~8.~~ *7.* The Social Security Administration; *or*

*8. Any other entity that demonstrates to the commissioner or local department director that legitimate interest is evident.*

~~Ⓖ~~ *G.* Local departments are required to disclose information under the following circumstances:

*1.* When disclosure is ordered by a court;

*2.* When a person has made an adult protective services report and an investigation has ~~determined the report to be unfounded, the person who made the report shall be notified of the finding pursuant to § 63.2-104 of the Code of Virginia been completed;~~ or

*3.* When a request for access to information is made pursuant to the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq. of the Code of Virginia).

~~Ⓗ~~ *H.* Any or all of the following specific information may be disclosed at the discretion of the local department to agencies or persons specified in subsection ~~Ⓕ~~ *F* of this section:

*1.* Name, address, age, race, ~~sex and gender~~ of the adult who is the subject of the request for information;:

*2.* Name, address, age, race, ~~sex and gender~~ of the person who *is alleged to have* perpetrated the abuse, neglect, or exploitation;

*3.* Description of the incident or incidents of abuse, neglect, or exploitation;

*4.* Description of medical problems *to the extent known*;

*5.* Disposition of the adult protective services report; ~~or and~~

*6.* The protective service needs of the adult.

*1. The identity of the person who reported the suspected abuse, neglect or exploitation shall be held confidential unless the reporter authorizes the disclosure of his identity or disclosure is ordered by the court.*

~~Ⓕ~~ *J.* Agencies or persons who receive confidential information pursuant to subdivisions ~~1 through 8~~ of subsection ~~Ⓕ~~ *G* of this section shall provide the following assurances to the local department:

*1.* The ~~purposes~~ *purpose* for which information is requested is related to the adult protective services goal *in the service plan* for the ~~client~~ *adult*;

*2.* The information will be used only for the purpose for which it is made available; and

*3.* The information will be held confidential by the department or individual receiving the information except to the extent that disclosure is required by law.

~~Ⓕ~~ *K.* Methods of obtaining assurances. Any one of the following methods may be used to obtain assurances required in subsection ~~Ⓕ~~ *J* of this section:

*1.* Agreements between local departments and other community service ~~providing~~ agencies ~~which that~~ provide blanket assurances required in subsection ~~Ⓕ~~ *J* of this section for all adult protective services cases; or

*2.* State-level agreements ~~which that~~ provide blanket assurances required in subsection ~~Ⓕ~~ *C* of this section for all adult protective services cases.

~~Ⓗ~~ *L.* Notification that information has been disclosed. When information has been disclosed pursuant to this chapter, notice of the disclosure shall be given to the ~~person~~ *adult* who is the subject of the information or to his legally appointed guardian. If the ~~client~~ *adult* has given permission to release the information, further notification is ~~unnecessary~~ *shall not be required*.

## **22 VAC 40-740-60. Services provided. Opening a case for service provision.**

*A.* A range of services must be made available to any abused, neglected, ~~or and~~ exploited adult or to adults at risk of abuse, neglect, or exploitation to protect the adult and to prevent any future abuse, neglect, or exploitation.

*1. Opening a case to adult protective services. Once a disposition of the report and an assessment of the adult's needs and strengths have been made, the department shall assess the adult's service needs. A case shall be opened for adult protective services when:*

*a. The service needs are identified;*

*b. The disposition is that the adult needs protective services; and*

*c. The adult agrees to accept protective services or protective services are ordered by the court.*

4. 2. Service planning. A service plan which is based on the investigative findings and the assessment of the adult's need for protective services shall be developed. The service plan is the basis for the activities that the worker, the adult, and other support persons will undertake to provide the services necessary to protect the adult.

~~2. Opening a case to Adult Protective Services. Once a disposition of the report and an assessment of the adult's needs and strengths have been made, the department will assess the adult's service needs. A case should be opened for Adult Protective Services when:~~

~~a. The service needs are identified;~~

~~b. The disposition is that the adult needs protective services; and~~

~~c. The adult agrees to accept protective services or protective services are ordered by the court. The disposition that the adult needs protective services may be based on convincing evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation without the provision of protective services.~~

3. Implementation of the service plan. Implementation of the service plan is the delivery of the services needed necessary to provide adequate protection to the adult. The services may be delivered directly, through purchase of service, through informal support, or through referral. The continuous monitoring of the adult's progress and the system's response is a part of the implementation.

4. Local departments are required to provide services beyond the investigation to the extent that federal or state matching funds are made available.

~~4. Provision of protective services without the consent of the adult. Protective services without the consent of the adult are provided when so ordered by the court.~~

**22 VAC 40-740-70. Civil penalty for nonreporting.**

*A. The department may impose civil penalties when it is determined that a mandated reporter failed to report suspected adult abuse, neglect or exploitation pursuant to § 63.2-1606 of the Code of Virginia.*

*B. Civil penalties for all mandated reporters except law-enforcement officers shall be imposed as described in 22 VAC 40-740-80.*

**22 VAC 40-740-80. Imposition of civil penalty.**

*A. Local department review and recommendation.*

*1. Based on a decision by the local department director or his designee that a mandated reporter failed to report as required by § 63.2-1606 of the Code of Virginia, the local director shall notify the mandated reporter in writing*

*within 15 calendar days from the date of the determination of the intent to recommend that a civil penalty be imposed.*

*2. The mandated reporter may not appeal the findings of an adult protective services investigation.*

*B. Review by the commissioner or his designee.*

*1. The commissioner or his designee shall review the local director's recommendation and determine whether to impose a civil penalty.*

*2. In the case of law-enforcement officers who are alleged to have not reported as required, the commissioner or his designee shall forward the recommendation to a court of competent jurisdiction.*

*3. The commissioner or his designee shall impose a civil penalty upon a mandated reporter who is determined to have not reported as required pursuant to § 63.2-1606 of the Code of Virginia. Penalties shall be imposed as follows:*

*a. For first offenses of nonreporting in which the adult is not injured or otherwise harmed, the penalty shall be not more than \$500.*

*b. For first offenses in which the adult is injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia, the penalty shall be not more than \$500.*

*c. For second and subsequent offenses in which the adult is not injured or otherwise harmed, the penalty shall be not less than \$100 and not more than \$1,000.*

*d. For second and subsequent offenses in which the adult is injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia, the penalty shall be not less than \$100 and not more than \$1,000.*

*4. The commissioner or his designee shall notify the mandated reporter whether a civil penalty will be imposed and, if so, the amount of the penalty. This written notice shall describe the reasons for the imposition of the civil penalty. The date of notification shall be deemed to be the date the mandated reporter received written notice of the alleged violation. This notice shall include specifics of the violation charged and shall be sent by overnight express mail or by registered or certified mail, return receipt requested.*

*5. If a civil penalty is imposed, a copy of the notice to the mandated reporter shall be sent to the appropriate licensing, regulatory, or administrative agency and to the local director who recommended the imposition of the penalty.*

*6. Any mandated reporter has the right to appeal the decision to impose a civil penalty in accordance with § 2.2-4026 of the Code of Virginia and pursuant to Rules of the Supreme Court of Virginia.*

VA.R. Doc. No. R04-249; Filed June 8, 2005, 11:36 a.m.

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# FINAL REGULATIONS

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For information concerning Final Regulations, see Information Page.

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## Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a change from the proposed text of the regulation.

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## TITLE 4. CONSERVATION AND NATURAL RESOURCES

### MARINE RESOURCES COMMISSION

**REGISTRAR'S NOTICE:** The following regulations filed by the Marine Resources Commission are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 12 of the Code of Virginia; however, the commission is required to publish the full text of final regulations.

**Title of Regulation:** 4 VAC 20-110. Pertaining to Lobsters (amending 4 VAC 20-110-20).

**Statutory Authority:** § 28.2-201 of the Code of Virginia.

**Effective Date:** June 1, 2005.

**Agency Contact:** Deborah Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or e-mail debbie.cawthon@mrc.virginia.gov.

#### Summary:

*The amendment changes the minimum size in carapace length of lobster from 3-1/4 to 3-3/8 and establishes that any female lobster greater than 5-1/2 inches in carapace length shall be unlawful to possess.*

#### 4 VAC 20-110-20. Minimum and maximum size limit.

It shall be unlawful for any person to possess for a period longer than is necessary for immediate measurement a *any lobster of less than 3-1/4 3-3/8 inches in carapace length or any female lobster greater than 5-1/2 inches in carapace length*, except for scientific purposes and with the express written consent of the Commissioner of Marine Resources.

VA.R. Doc. No. R05-214; Filed May 26, 2005, 12:45 p.m.

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**Title of Regulation:** 4 VAC 20-620. Pertaining to Summer Flounder (amending 4 VAC 20-620-20).

**Statutory Authority:** §§ 28.2-201 and 28.2-204 of the Code of Virginia.

**Effective Date:** June 1, 2005.

**Agency Contact:** Deborah Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or e-mail debbie.cawthon@mrc.virginia.gov.

#### Summary:

*The amendment provides a safe harbor provision for vessels to enter Virginia waters from federal waters solely to either dock temporarily at a Virginia seafood buyer's place of business or traverse the Intracoastal Waterway from Virginia to North Carolina.*

#### 4 VAC 20-620-20. Definition Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Chesapeake Bay and its tributaries" means all tidal waters of Virginia, including the Potomac River tributaries but excluding the coastal area as defined in this section.

"Coastal area" means the area that includes Virginia's portion of the Territorial Sea and all of the creeks, bays, inlets, and tributaries on the seaside of Accomack County, Northampton County, including areas east of the causeway from Fisherman Island to the mainland and the City of Virginia Beach, including federal areas and state parks fronting on the Atlantic Ocean and east and south of the point where the shoreward boundary of the Territorial Sea joins the mainland at Cape Henry.

"Land" or "landing" means to enter port with finfish, shellfish, crustaceans or other marine seafood on board any boat or vessel, to begin offloading finfish, shellfish, crustaceans or other marine seafood, or to offload finfish, shellfish, crustaceans, or other marine seafood.

"Potomac River tributaries" means all the tributaries of the Potomac River that are within Virginia's jurisdiction beginning with, and including, Flag Pond, thence upstream to the District of Columbia boundary.

*"Safe harbor" means that a vessel has been authorized by the commissioner to enter Virginia waters from federal waters solely to either dock temporarily at a Virginia seafood buyer's place of business or traverse the Intracoastal Waterway from Virginia to North Carolina.*

VA.R. Doc. No. R05-213; Filed May 26, 2005, 12:44 p.m.

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**Title of Regulation:** 4 VAC 20-910. Pertaining to Scup (Porgy) (amending 4 VAC 20-910-45).

**Statutory Authority:** § 28.2-201 of the Code of Virginia.

**Effective Date:** June 1, 2005.

**Agency Contact:** Deborah Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or e-mail debbie.cawthon@mrc.virginia.gov.

Summary:

The amendment changes the landings of scup in Virginia from 5,040 pounds to 7,862 pounds from May 1 through October 31.

4 VAC 20-910-45. Possession limits and harvest quotas.

A. During the period January 1 through April 30 of each year, it shall be unlawful for any person to do any of the following:

- 1. Possess aboard any vessel in Virginia more than 30,000 pounds of scup.
2. Land in Virginia more than a total of 30,000 pounds of scup during each consecutive 14-day landing period, with the first 14-day period beginning on January 2.

B. When it is projected and announced that 80% of the coastwide quota for this period has been attained, it shall be unlawful for any person to possess aboard any vessel or to land in Virginia more than a total of 1,000 pounds of scup.

C. During the period November 1 through December 31 of each year, it shall be unlawful for any person to possess aboard any vessel or to land in Virginia more 3,500 pounds of scup.

D. During the period May 1 through October 31 of each year, the commercial harvest and landing of scup in Virginia shall be limited to 5,040 7,862 pounds.

E. For each of the time periods set forth in this section, the Marine Resources Commission will give timely notice to the industry of calculated poundage possession limits and quotas and any adjustments thereto. It shall be unlawful for any person to possess or to land any scup for commercial purposes after any winter period coastwide quota or summer period Virginia quota has been attained and announced as such.

F. It shall be unlawful for any buyer of seafood to receive any scup after any commercial harvest or landing quota has been attained and announced as such.

G. It shall be unlawful for any person fishing with hook and line, rod and reel, spear, gig or other recreational gear to possess more than 50 scup. When fishing is from a boat or vessel where the entire catch is held in a common hold or container, the possession limit shall be for the boat or vessel and shall be equal to the number of persons on board legally eligible to fish multiplied by 50. The captain or operator of the boat or vessel shall be responsible for any boat or vessel possession limit. Any scup taken after the possession limit has been reached shall be returned to the water immediately.

VA.R. Doc. No. R05-215; Filed May 26, 2005, 12:45 p.m.



TITLE 16. LABOR AND EMPLOYMENT

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

REGISTRAR'S NOTICE: The following regulations are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 4 c of the Code of Virginia, which excludes regulations that are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Safety and Health Codes Board will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Titles of Regulations: 16 VAC 25-90-1910. Federal Identical General Industry Standards (29 CFR Part 1910) (amending 16 VAC 25-90-1910.142, 16 VAC 25-90-1910.151, 16 VAC 25-90-1910.268, 16 VAC 25-90-1910.1001, 16 VAC 25-90-1910.1003, 16 VAC 25-90-1910.1017, 16 VAC 25-90-1910.1018, 16 VAC 25-90-1910.1025, 16 VAC 25-90-1910.1027, 16 VAC 25-90-1910.1028, 16 VAC 25-90-1910.1029, 16 VAC 25-90-1910.1043, 16 VAC 25-90-1910.1044, 16 VAC 25-90-1910.1045, 16 VAC 25-90-1910.1047, 16 VAC 25-90-1910.1048, and 16 VAC 25-90-1910.1051).

16 VAC 25-100-1915. Federal Identical Shipyard Employment Standards (29 CFR Part 1915) (amending 16 VAC 25-100-1915.1001).

16 VAC 25-175-1926. Federal Identical Construction Industry Standards (29 CFR Part 1926) (amending 16 VAC 25-175-1926.60, 16 VAC 25-175-1926.62, 16 VAC 25-175-1926.1101, and 16 VAC 25-175-1926.1127).

Statutory Authority: § 40.1-22 of the Code of Virginia.

Effective Date: August 15, 2005.

Summary:

Federal OSHA has continued to remove and revise provisions of its standards that were outdated, duplicative, unnecessary, or inconsistent, or could be clarified or simplified by being written in plain language. This final rule revises or removes 40 health provisions in 23 OSHA standards in general industry, shipyard employment, and construction.

In regard to "inconsistent" standards, federal OSHA specifically revised a number of its older standards (vinyl chloride, acrylonitrile, coke oven emissions, arsenic, and DBCP) to be consistent with the frequencies of exposure monitoring, medical surveillance, and compliance plan updates established in the majority of more recently promulgated standards.

1. Temporary Labor Camps (§ 1910.142): Adds additional language that would eliminate the possibility of using a slower means of communication but permit equally fast means of communication. Any "fast method" of communication is appropriate (e.g., by telegram, telephone, electronic mail, etc.)

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2. *Reference to First-Aid Supplies in Appendix to the Standard on Medical Services and First Aid (§ 1910.151):* Nonmandatory Appendix A was changed to reference the ANSI 308.1-1998 standard. This will assist employers in meeting the requirements for what will be adequate first aid supplies.

3. *First Aid Supplies in the Telecommunications Standard (§1910.268):* Substituted the guidance of nonmandatory Appendix A to § 1910.151 for requirements in § 1910.268(b)(3) because Appendix A provides more extensive guidelines for selecting appropriate first-aid supplies.

4. *13 Carcinogens (4-Nitrobiphenyl, etc. (§ 1910.1003)):* OSHA eliminated the reporting requirements by removing and reserving paragraph (f). The reports have not proven to be useful and are an unnecessary burden on employers since OSHA does not use them for identifying workplaces for inspection.

5. *Vinyl Chloride (§ 1910.1017):* Amended paragraph (k)(6) by replacing the outdated reference to 42 CFR Part 74 (Clinical laboratories) with a requirement that employers use accredited laboratories for the medical tests required under paragraph (k)(1) of this standard.

6. *Monthly and Quarterly Exposure Monitoring:* Amended the exposure monitoring requirements specified in the vinyl chloride (1910.1017(d)(2)(i) and (d)(2)(ii)), 1,2-Dibromo-3-Chloropropane (DBCP) standard (1910.1044(f)(3)(i) and (f)(3)(ii)), and acrylonitrile standard (1910.1045(e)(3)(ii) and (e)(3)(iii)) because they are inconsistent with the exposure monitoring protocols established by OSHA in its later substance-specific standards. Also, the revisions require that employers update compliance plans at least annually, instead of semiannually. Monitoring quarterly and semiannually will protect employees by allowing time to improve the workplace, while still producing suitably current information to employers and employees. Uniformity of monitoring frequency permits an employer to develop a more efficient and better industrial hygiene program and increase compliance by improving understanding of health standards.

7. *Alternative Control Methods for Class I Asbestos Removal.* Deleted paragraphs 1915.1001(g)(6)(iii) and 1926.1101(g)(6)(iii) that required employers to collect information so that OSHA could develop a database of alternative control methods of asbestos removal. OSHA, however, did not develop such a database nor does it plan a future rulemaking to do so; therefore, these requirements are not useful and are not in keeping with the Paperwork Reduction Act.

*Evaluating Chest X-rays Using the ILO U/C Rating:* Amended paragraph 1910.1018(n)(2)(ii)(A) of the Inorganic Arsenic standard and paragraph 1910.1029(j)(2)(ii) of the Coke Oven Emissions standard to eliminate the requirement that employees' chest x-rays receive an International Labor Office UICC/Cincinnati (ILO U/C) rating which is appropriate only for pneumoconiosis and is not useful for lung cancer which is its intended purpose.

*Signed Medical Opinions.* Removal of the word "signed" from the introductory text of paragraphs 1910.1001(l)(7)(i) of the Asbestos standard, 1910.1027(l)(10)(i) of the general industry Cadmium standard and 1926.1127(l)(10)(i) of the construction industry Cadmium standard that required that the examining physician sign the written medical opinion provided as part of the medical-surveillance requirements of these standards. OSHA determined that the requirement for a physician to sign a medical opinion is unnecessary, precludes electronic transmission of the opinion from the physician to the employer, and provides no additional benefit to employees.

*Providing Semiannual Medical Examinations to Employees Experiencing Long-Term Toxic Exposures.* Replaced "semiannual" medical examinations requirement with "annual" medical examinations in paragraphs 1910.1017(k)(2) of the Vinyl Chloride standard, 1910.1018(n)(3)(i) of the Arsenic standard, and 1910.1029(j)(3)(ii) and (iii) of the Coke Oven Emissions standard. OSHA believes that this amendment is necessary for consistency with other substance-specific standards that require employers to provide annual medical examinations for covered employees regardless of the duration their exposures.

*Notifying OSHA Regarding the Use DBCP and the Establishment of Regulated Areas for Certain Substances:* Deleted and reserved paragraph 1910.1044(d) of the 1,2-dibromo-3-chloropropane (DBCP) standard because this requirement has not been used by OSHA and no other OSHA health standards have such provisions. This provision was determined to be an unnecessary burden under the Federal Paper Work Reduction Act and OSHA found it unnecessary for purposes of targeting inspections. A number of other OSHA standards dating from the 1970s require employers to notify OSHA if they are required to establish regulated areas in their workplaces. The following standards have such a requirement: paragraph 1910.1003(f)(1) of the 13 Carcinogens standard; paragraph 1910.1017(n)(1) of the Vinyl Chloride standard; paragraph 1910.1018(d)(1) of the Inorganic Arsenic standard; and paragraph 1910.1045(d)(1) of the Acrylonitrile standard. OSHA indicated at that time the purpose of such notifications was to obtain information on control technology (39 FR 35896, October 4, 1974) and to enable OSHA to be aware of facilities where substantial exposure exists (43 FR 45762). No other substance specific standards required such notification and OSHA did not find these two notification provisions to be useful for enforcement purposes nor did they add to worker protection. OSHA states that their elimination will reduce the collection of information (paperwork) burden and overall improve compliance with OSHA health standards by making them more consistent. Therefore, OSHA decided to eliminate these reporting requirements.

*Reporting Emergencies to OSHA:* Removing paragraphs 1910.1017(n)(1) and (n)(2) of the Vinyl Chloride standard and redesignating paragraph (n)(3) as new paragraph (n). Paragraph 1910.1045(d) of the Acrylonitrile standard was also removed and reserved. Each of these provisions was

determined by OSHA to be as unnecessary collection of information (paperwork burdens).

**Semiannual Updating of Compliance Plans:** Revised the following substance-specific standards to require annual updating of compliance plans rather than semiannual updating: Vinyl Chloride (§ 1910.1017(f)(3)); Inorganic Arsenic standard (§ 1910.1018(g)(2)(iv)); Lead (§ 1910.1025(e)(3)(iv)); Coke Oven Emissions (§ 1910.1029(f)(6)(iv)); DBCP (§ 1910.1044(g)(2)(ii)); Acrylonitrile (§ 1910.1045(g)(2)(v)); and Lead in construction (§ 1926.62(e)(2)(v)). These revisions would make the compliance plan update requirements consistent across health standards without diminishing employee protection and it would also reduce unnecessary paperwork.

**Notifying employees of their Exposure Monitoring Results.** revised to allow for a uniform 15-working day notification of employees individually in writing or by posting the results in an appropriate location accessible to affected employees -- in the following substance-specific standards for general industry: Asbestos, 1910.1001(d)(7)(i); Vinyl Chloride, 1910.1017(n); Inorganic Arsenic, 1910.1018(e)(5)(i); Lead, 1910.1025(d)(8)(i); Cadmium, 1910.1027(d)(5)(i); Benzene, 1910.1028(e)(7)(i); Coke Oven Emissions, 1910.1029(e)(3)(i); Cotton Dust, 1910.1043(d)(4)(i); 1,2-Dibromo-3-Chloropropane, 1910.1044(f)(5)(i); Acrylonitrile, 1910.1045(e)(5)(i); Ethylene Oxide, 1910.1047(d)(7)(i); Formaldehyde, 1910.1048(d)(6); and Butadiene, 1910.1051(d)(7)(i).

**In shipyard employment and the construction industry,** respectively: revised the notification of exposure monitoring results to read as follows: "...as soon as possible but not more than 5 working days" after the employer receives the results of exposure monitoring for Asbestos in shipyards, § 1915.1001(f)(5)(i) and (f)(5)(ii); in construction, Methyleneedianiline, § 1926.60(f)(7)(i); Lead, § 1926.62(d)(8)(i); Asbestos, § 1926.1101(f)(5); and Cadmium, § 1926.1127(d)(5)(i).

To access Standards Improvement Project, Phase II; Final Rule, refer to:

[http://www.osha.gov/FedReg\\_oshapdf/FED20050105.pdf](http://www.osha.gov/FedReg_oshapdf/FED20050105.pdf)

**Agency Contact:** John Crisanti, Policy and Planning Manager, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-4300, FAX (804) 786-8418, e-mail [jjc@doli.virginia.gov](mailto:jjc@doli.virginia.gov).

**Note on Incorporation by Reference**

Pursuant to § 2.2-4103 of the Code of Virginia, Federal Identical General Industry Standards (29 CFR Part 1910), Federal Identical Shipyard Employment Standards (29 CFR Part 1915), and Federal Identical Construction Industry Standards (29 CFR Part 1926) are declared documents generally available to the public and appropriate for incorporation by reference. For this reason the documents will not be printed in the Virginia Register of Regulations. Copies of the documents are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, Richmond, Virginia 23219.

On May 24, 2005, the Safety and Health Codes Board approved amendments to the above-listed standards to conform to the Federal OSHA requirements, with a proposed

effective date of August 15, 2005. These amendments correct and update 16 VAC 25-90, 16 VAC 25-100 and 16 VAC 25-175 to conform to 29 CFR 1910.142, 1910.151, 1910.268, 1910.1001, 1910.1003, 1910.1017, 1910.1018, 1910.1025, 1910.1027, 1910.1028, 1910.1029, 1910.1043, 1910.1044, 1910.1045, 1910.1047, 1910.1048, 1910.1051; 29 CFR 1915.1001; and 29 CFR 1926.60, 1926.62, 1926.1101, 1926.1127.

When the regulations, as set forth in Phase II of the final rule for the Standards Improvement Project, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following federal terms shall be considered to read as follows:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR	VOSH Standard
Assistant Secretary	Commissioner of Labor and Industry
Agency	Department
March 7, 2005	August 15, 2005

VA.R. Doc. No. R05-217; Filed June 6, 2005, 11:30 a.m.

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**Title of Regulation:** 16 VAC 25-175-1926. Federal Identical Construction Industry Standards (29 CFR Part 1926) (amending 16 VAC 25-175-1926.60).

**Statutory Authority:** § 40.1-22 of the Code of Virginia.

**Effective Date:** August 15, 2005.

**Summary:**

Federal OSHA revised the regulatory text of the Methyleneedianiline (MDA) Standard for Construction to correct a cross reference to OSHA's standard on emergency action plans and fire prevention plans by inserting the reference for "Fire prevention Plans, 29 CFR 1910.39," in § 1926.60 (e)(1)(iii). Section 1926.60(e)(1)(iii) will not read as follows: "The plan shall specifically include provisions for alerting and evacuating affected employees as well as the applicable elements prescribed in 29 CFR 1910.38 and 29 CFR 1910.39, "Emergency action plans" and "Fire prevention plans," respectively.

**Agency Contact:** John Crisanti, Policy and Planning Manager, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-4300, FAX (804) 786-8418, e-mail [jjc@doli.virginia.gov](mailto:jjc@doli.virginia.gov).

**Note on Incorporation by Reference**

Pursuant to § 2.2-4103 of the Code of Virginia, Methyleneedianiline in Construction (29 CFR 1926.60) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the document will not be printed in the Virginia Register of Regulations. A copy of the document is available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, Richmond, Virginia 23219.

On May 24, 2005, the Safety and Health Codes Board approved an amendment to the Methyleneedianiline Standard for Construction to conform to the Federal OSHA

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requirements, with a proposed effective date of August 15, 2005. This amendment corrects and updates 16 VAC 25-175-1926.60 to conform to 29 CFR 1926.60.

When the regulations, as set forth in the corrections to 16 VAC 25-175-1926.60, Methylenedianiline in Construction, § 1926.60, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following federal terms shall be considered to read as follows:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR	VOSH Standard
Assistant Secretary	Commissioner of Labor and Industry
Agency	Department
January 5, 2005	August 15, 2005

VA.R. Doc. No. R05-218; Filed June 6, 2005, 11:29 a.m.

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## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

### BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Title of Regulation: **18 VAC 30-20. Regulations Governing the Practice of Audiology and Speech-Language Pathology (adding 18 VAC 30-20-290).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Effective Date: July 27, 2005.

Agency Contact: Elizabeth Young, Executive Director, Board of Audiology and Speech-Language Pathology, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9111, FAX (804) 662-9523, or e-mail elizabeth.young@dhp.virginia.gov.

Summary:

*The regulation establishes the criteria for delegation of informal fact-finding proceedings to an agency subordinate, including the decision to delegate at the time of a probable cause determination, the types of cases that cannot be delegated, and the individuals who may be designated as agency subordinates.*

*The regulation will replace emergency regulations that have been in effect since August 25, 2004.*

Summary of Public Comments and Agency's Response: No public comment was received by the promulgating agency.

### CHAPTER 20. REGULATIONS OF THE BOARD GOVERNING THE PRACTICE OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY.

#### **18 VAC 30-20-290. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.**

*A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.*

*B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve:*

- 1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;*
- 2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;*
- 3. Impairment with an inability to practice with skill and safety;*
- 4. Sexual misconduct;*
- 5. Unauthorized practice.*

*C. Criteria for an agency subordinate.*

*1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.*

*2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.*

*3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.*

VA.R. Doc. No. R04-198; Filed June 7, 2005, 3:29 p.m.

### BOARD OF MEDICINE

Title of Regulation: **18 VAC 85-15. Regulations Governing Delegation to an Agency Subordinate (adding 18 VAC 85-15-10, 18 VAC 85-15-20 and 18 VAC 85-15-30).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Effective Date: July 27, 2005.

Agency Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, or e-mail william.harp@dhp.virginia.gov.

Summary:

*The regulation establishes the criteria for delegation, including the decision to delegate at the time of a probable cause determination, the types of cases that may be delegated, and the individuals who may be designated as agency subordinates.*

*The regulation will replace emergency regulations that have been in effect since August 31, 2004.*

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

CHAPTER 15.  
REGULATIONS GOVERNING DELEGATION TO AN  
AGENCY SUBORDINATE.

**18 VAC 85-15-10. Decision to delegate informal fact-finding proceedings to an agency subordinate.**

*In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.*

**18 VAC 85-15-20. Criteria for delegation.**

*Cases that may be delegated to an agency subordinate shall be limited to those involving:*

- 1. The practitioner profile system;*
- 2. Continuing competency;*
- 3. Advertising;*
- 4. Compliance with board orders;*
- 5. Default on a federal or state-guaranteed educational loan or on a work-conditional scholarship or grant for the cost of a health professional education; or*
- 6. Failure to provide medical records.*

**18 VAC 85-15-30. Criteria for an agency subordinate.**

*A. An agency subordinate may include board members, professional staff or other persons authorized and deemed by the board to be knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals to conduct an informal fact-finding proceeding.*

*B. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.*

*C. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.*

VA.R. Doc. No. R05-01; Filed June 7, 2005, 3:30 p.m.

**BOARD OF NURSING**

Title of Regulation: **18 VAC 90-15. Regulations Governing Delegation to an Agency Subordinate (adding 18 VAC 90-15-10, 18 VAC 90-15-20 and 18 VAC 90-15-30).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Effective Date: July 27, 2005.

Agency Contact: Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, or e-mail jay.douglas@dhp.virginia.gov.

Summary:

*The regulation establishes the criteria for delegation of informal fact-finding proceedings to an agency subordinate, including the decision to delegate at the time of a probable cause determination, the types of cases that cannot be delegated except by approval of the board president, and the individuals who may be designated as agency subordinates.*

*The regulation will replace emergency regulations that have been in effect since September 1, 2004.*

Summary of Public Comments and Agency's Response: A summary of comments made by the public and the agency's response may be obtained from the promulgating agency or viewed at the office of the Registrar of Regulations.

CHAPTER 15.  
REGULATIONS GOVERNING DELEGATION TO AN  
AGENCY SUBORDINATE.

**18 VAC 90-15-10. Decision to delegate.**

*In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.*

**18 VAC 90-15-20. Criteria for delegation.**

*Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the president of the board.*

**18 VAC 90-15-30. Criteria for an agency subordinate.**

*A. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.*

*B. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.*

*C. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the*

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*qualifications of the subordinate and the type of case being heard.*

VA.R. Doc. No. R05-03; Filed June 8, 2005, 11:57 a.m.

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**Title of Regulation:** 18 VAC 90-20. Regulations Governing the Practice of Nursing (amending 18 VAC 90-20-10 [, 18 VAC 90-20-280,] and 18 VAC 90-20-300; adding 18 VAC 90-20-181, 18 VAC 90-20-182 and 18 VAC 90-20-183)

**Statutory Authority:** §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

**Effective Date:** July 27, 2005.

**Agency Contact:** Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, or e-mail jay.douglas@dhp.virginia.gov.

**Summary:**

*The amendments set out the regulations for implementation of the Nurse Licensure Compact including rules for issuance of a multistate licensure privilege, moving from one party state to another, notification of licensure denial to a former party state, limitations by disciplinary order on practice under a multistate privilege, a licensee's access to information in the licensure information system, and inclusion of the multistate privilege in the disciplinary provisions.*

**Summary of Public Comments and Agency's Response:** No public comments were received by the promulgating agency.

**18 VAC 90-20-10. Definitions.**

*In addition to words and terms defined in § 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:*

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by the State Council of Higher Education.

"Baccalaureate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate degree with a major in nursing, provided that the institution is authorized to confer such degree by the State Council of Higher Education.

"Board" means the Board of Nursing.

"Clinical nurse specialist" means a licensed registered nurse who holds:

1. A master's degree from a board-approved program which prepares the nurse to provide advanced clinical nursing services; and
2. Specialty certification from a national certifying organization acceptable to the board or an exception available from March 1, 1990, to July 1, 1990.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status which results when an approved nursing education program has failed to maintain requirements as set forth in Article 2 (18 VAC 90-20-70 et seq.) of Part II of this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide learning experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"NCSBN" means the National Council of State Boards of Nursing.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area and is accredited by a national body recognized by NCSBN.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia State Board of Education or the appropriate governmental credentialing agency.

"Preceptor" means a licensed health care provider who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting.

*"Primary state of residence" means the state of a person's declared fixed permanent and principal home or domicile for legal purposes.*

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia and who has been designated by the controlling authority to administer the nursing education program.

"Provisional approval" means the initial status granted to a nursing education program which shall continue until the first class has graduated and the board has taken final action on the application for approval.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved.

**18 VAC 90-20-181. Issuance of a license with a multistate licensure privilege.**

A. In order to be issued a license with a multistate licensure privilege by the board, a nurse currently licensed in Virginia or a person applying for licensure in Virginia shall submit a declaration stating that his primary residence is in Virginia. Evidence of a primary state of residence may be required to include but not be limited to:

1. A driver's license with a home address;
2. A voter registration card displaying a home address; or
3. A federal or state tax return declaring the primary state of residence.

B. A nurse changing the primary state of residence from another party state to Virginia may continue to practice under the former party state license and multistate licensure privilege during the processing of the nurse's licensure application by the board for a period not to exceed 30 days.

1. If a nurse is under a pending investigation by a former home state, the licensure application in Virginia shall be held in abeyance and the 30-day authorization to practice stayed until resolution of the pending investigation.
2. A license issued by a former party state shall no longer be valid upon issuance of a license by the board.
3. If the board denies licensure to an applicant from another party state, it shall notify the former home state within 10 business days, and the former home state may take action in accordance with the laws and regulations of that state.

**18 VAC 90-20-182. Limitations of a multistate licensure privilege.**

The board shall include in all disciplinary orders that limit practice or require monitoring the requirement that the licensee subject to the order shall agree to limit practice to Virginia during the period in which the order is in effect. A nurse may be allowed to practice in other party states while an order is in effect with prior written authorization from both the board and boards of other party states.

**18 VAC 90-20-183. Access to information in the coordinated licensure information system.**

A licensee may submit a request in writing to the board to review the public data relating to the licensee maintained in the coordinated licensure information system. In the event a licensee asserts that any related data is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and correct

*inaccurate data in the information system within 10 business days.*

**[ 18 VAC 90-20-280. Clinical nurse specialist registration.**

A. Initial registration. An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;
2. Submit evidence of graduation from an approved program as defined in 18 VAC 90-20-275;
3. Submit evidence of current specialty certification from a national certifying organization as defined in 18 VAC 90-20-10; and
4. Submit the required application and fee.

B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed. If registered as a clinical nurse specialist with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.
2. The clinical nurse specialist shall complete the renewal application and return it with the required fee and evidence of current specialty certification unless registered in accordance with an exception.
3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed or the multistate licensure privilege is lapsed and may be reinstated upon:
  - a. Reinstatement of R.N. license or multistate licensure privilege;
  - b. Payment of reinstatement and current renewal fees; and
  - c. Submission of evidence of continued specialty certification unless registered in accordance with an exception. ]

**18 VAC 90-20-300. Disciplinary provisions.**

A. The board has the authority to deny, revoke or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 4.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:
  - a. Filing false credentials;

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b. Falsely representing facts on an application for initial license, reinstatement or renewal of a license; or

c. Giving or receiving assistance in the taking of the licensing examination.

2. Unprofessional conduct means, but shall not be limited to:

a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;

b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;

e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;

f. Abusing, neglecting or abandoning patients or clients;

g. Practice of a clinical nurse specialist beyond that defined in 18 VAC 90-20-290;

h. Representing oneself as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board;

i. Delegating nursing tasks to an unlicensed person in violation of the provisions of Part VIII (18 VAC 90-20-420 et seq.) of this chapter;

j. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;

k. Obtaining money or property of a patient or client by fraud, misrepresentation or duress;

l. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of a patient or client's vulnerability, to include but not limited to actions that result in personal gain at the expense of the patient or client, a nontherapeutic personal involvement or sexual conduct with a patient or client; ~~or~~

m. Violating state laws relating to the privacy of patient information, including but not limited to § 32.1-127.1:03 of the Code of Virginia; ~~or~~

n. Violating any provision of this chapter.

B. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.

**NOTICE:** The forms used in administering 18 VAC 90-20, Regulations Governing the Practice of Nursing, are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Department of Health Professions, 6603 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

## FORMS

Application for Licensure by Endorsement-Registered Nurse (rev. ~~11/03~~ 11/04).

Instructions for Licensure by Endorsement-Registered Nurse (rev. ~~10/02~~ 12/04).

Instructions for Licensure by Endorsement-Licensed Practical Nurse (rev. ~~11/03~~ 12/04).

Application for Licensure by Endorsement-Licensed Practical Nurse (rev. ~~10/02~~ 11/04).

Instructions for Filing Application for Licensure by Examination for Registered Nurses (rev. ~~6/04~~ 12/04).

Application for Licensure by Examination-Registered Nurse (rev. ~~11/03~~ 12/04).

Instructions for Filing Application for Licensure by Examination for Practical Nurses (rev. ~~6/04~~ 11/04).

Application for Licensure by Examination-Licensed Practical Nurse (rev. ~~11/03~~ 12/04).

Instructions for Filing Application for Licensure by Repeat Examination for Registered Nurses (rev. 6/04).

Application for Licensure by Repeat Examination for Registered Nurse (rev. 10/02).

Instructions for Filing Application for Licensure by Repeat Examination for Practical Nurses (rev. 2/03).

Application for Licensure by Repeat Examination for Licensed Practical Nurse (rev. 10/02).

Instructions for Filing Application for Licensure by Examination for Licensed Practical Nurses Educated in Other Countries (rev. ~~6/04~~ 12/04).

*Application for Licensure by Examination for Licensed Practical Nurses Educated in Other Countries (rev. 12/04).*

*Instructions for Filing Application for Licensure by Examination for Registered Nurses Educated in Other Countries (rev. 12/04).*

Application for Licensure by Examination for Registered Nurses Educated in Other Countries (rev. ~~11/03~~ 12/04).

~~Instructions for Filing Application for Licensure by Examination for Registered Nurses Educated in Other Countries (rev. 11/03).~~

Temporary Exemption To Licensure (eff. 10/02).

*Instructions for Application for Reinstatement - Registered Nurse (eff. 12/04).*

~~Application for Licensure by Examination for Licensed Practical Nurses educated in Other Countries (rev. 11/03).~~

~~Application for Reinstatement of License as a Registered Nurse (rev. 11/03 12/04).~~

~~Instructions for Application for Reinstatement - Licensed Practical Nurse (eff. 12/04).~~

~~Application for Reinstatement of License as a Licensed Practical Nurse (rev. 11/03 12/04).~~

~~Instructions for Application for Reinstatement Following Suspension or Revocation - Registered Nurse (eff. 12/04).~~

~~Application for Reinstatement of License as a Registered Nurse Following Suspension or Revocation (rev. 11/03 12/04).~~

~~Instructions for Application for Reinstatement Following Suspension or Revocation - Licensed Practical Nurse (eff. 12/04).~~

~~Application for Reinstatement of License as a Licensed Practical Nurse Following Suspension or Revocation (rev. 11/03 12/04).~~

License Verification Form (rev. 10/02).

Renewal Notice and Application, 0001, RN (rev. 11/03).

Renewal Notice and Application, 0002, LPN (rev. 11/03).

Renewal Notice and Application, 0015, Clinical Nurse Specialist (rev. 12/02).

Application for Registration as a Clinical Nurse Specialist (rev. 10/02).

Survey Visit Report (rev. 12/02).

Annual Report for Registered Nursing Programs (rev. 12/02).

Annual Report for Practical Nursing Programs (rev. 12/02).

Application for Registration for Volunteer Practice (eff. 12/02).

Sponsor Certification for Volunteer Registration (eff. 1/03).

VA.R. Doc. No. R04-193; Filed June 8, 2005, 11:57 a.m.

## JOINT BOARDS OF NURSING AND MEDICINE

**Title of Regulation:** 18 VAC 90-30. Regulations Governing the Licensure of Nurse Practitioners (amending 18 VAC 90-30-120).

**Statutory Authority:** §§ 54.1-2400 and 54.1-2957 of the Code of Virginia.

**Effective Date:** July 27, 2005.

**Agency Contact:** Jay P. Douglas, R.N., Executive Director, Board of Nursing, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, or e-mail jay.douglas@dhp.virginia.gov.

### Summary:

*The amendments require that the written protocol between the supervising physician and the nurse practitioner must include the nurse practitioner's authority for signatures,*

*certifications, stamps, verifications, affidavits and endorsements provided the signing of documents is (i) in accordance with the specialty license of the nurse practitioner and with the scope of practice of the supervising physician; (ii) permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and (iii) not in conflict with federal law or regulation.*

**Summary of Public Comments and Agency's Response:** A summary of comments made by the public and the agency's response may be obtained from the promulgating agency or viewed at the office of the Registrar of Regulations.

### 18 VAC 90-30-120. Practice of licensed nurse practitioners.

A. A licensed nurse practitioner shall be authorized to engage in practices constituting the practice of medicine in collaboration with and under the medical direction and supervision of a licensed physician.

B. The practice of licensed nurse practitioners shall be based on specialty education preparation as a nurse practitioner in accordance with standards of the applicable certifying organization and written protocols as defined in 18 VAC 90-30-10.

C. *The written protocol shall include the nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits and endorsements provided it is:*

*1. In accordance with the specialty license of the nurse practitioner and with the scope of practice of the supervising physician;*

*2. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and*

*3. Not in conflict with federal law or regulation.*

~~C. D.~~ A certified registered nurse anesthetist shall practice in accordance with the functions and standards defined by the American Association of Nurse Anesthetists (Guidelines and Standards for Nurse Anesthesia Practice, Revised 1998) and under the medical direction and supervision of a doctor of medicine or a doctor of osteopathy or the medical direction and supervision of a dentist in accordance with rules and regulations promulgated by the Board of Dentistry.

~~D. E.~~ A certified nurse midwife shall practice in accordance with the Standards for the Practice of Nurse-Midwifery (Revised 1993) defined by the American College of Nurse-Midwives.

VA.R. Doc. No. R04-233; Filed June 8, 2005, 11:56 a.m.

\* \* \* \* \*

**Title of Regulation:** 18 VAC 90-30. Regulations Governing the Licensure of Nurse Practitioners (amending 18 VAC 90-30-80, 18 VAC 90-30-100 and 18 VAC 90-30-110).

**Statutory Authority:** §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

**Effective Date:** July 27, 2005.

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Agency Contact: Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, or e-mail Jay.douglas@dhp.virginia.gov.

Summary:

*The amendments provide that individuals with a registered nurse license from a state that has entered into the Nurse Licensure Compact is qualified to seek licensure, renewal or reinstatement as a nurse practitioner in Virginia.*

Summary of Public Comments and Agency's Response: No public comment was received by the promulgating agency.

**18 VAC 90-30-80. Qualifications for initial licensure.**

A. An applicant for initial licensure as a nurse practitioner shall:

1. Be currently licensed as a registered nurse in Virginia *or hold a current multistate licensure privilege as a registered nurse*;
2. Submit evidence of completion of an educational program designed to prepare nurse practitioners that is an approved program as defined in 18 VAC 90-30-10;
3. Submit evidence of professional certification by an agency identified in 18 VAC 90-30-90 as an agency accepted by the boards;
4. File the required application; and
5. Pay the application fee prescribed in 18 VAC 90-30-50.

B. Provisional licensure may be granted to an applicant who satisfies all requirements of this section with the exception of subdivision A 3 of this section only until the release of the results of the first national certifying examination for which he is eligible following his application.

**18 VAC 90-30-100. Renewal of licensure.**

A. Licensure of a nurse practitioner shall be renewed:

1. Biennially at the same time the license to practice as a registered nurse in Virginia is renewed; *or*
2. *If licensed as a nurse practitioner with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.*

B. The application for renewal of the license shall be mailed by the committee to the last known address of each nurse practitioner.

C. The licensed nurse practitioner shall complete the application and return it with his signature attesting to compliance with continuing competency requirements prescribed in 18 VAC 90-30-105 and the license renewal fee prescribed in 18 VAC 90-30-50.

**18 VAC 90-30-110. Reinstatement of license.**

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;
2. Be currently licensed as a registered nurse in Virginia *or hold a current multistate licensure privilege as a registered nurse*; and
3. Provide evidence of current professional certification or, if applicable, licensure or certification in another jurisdiction.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for a reinstatement and pay the reinstatement fee;
2. Present evidence that he is currently licensed as a Registered Nurse in Virginia *or hold a current multistate licensure privilege as a registered nurse*; and
3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia.

The committee shall act on the petition pursuant to the Administrative Process Act, § ~~9-6.14:4~~ 2.2-4000 et seq. of the Code of Virginia.

<p><b>NOTICE:</b> The forms used in administering 18 VAC 90-30, Regulations Governing the Licensure of Nurse Practitioners, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.</p>
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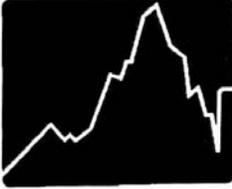
FORMS

Instructions for Licensure - Nurse Practitioner (rev. 10/02).

Application for Licensure as a Nurse Practitioner (rev. 10/02).

Renewal Notice and Application, Nurse Practitioner, 0024 (rev. 1/03).

*Application for Reinstatement of License as a Nurse Practitioner (eff. 10/02).*

	<b>COMMONWEALTH OF VIRGINIA</b>  <b>BOARD OF NURSING</b> Department of Health Professions 6603 West Broad Street, 5th Floor Richmond, Virginia 23230-1712 (804) 662-9909 (804) 662-9512 – FAX web: <a href="http://www.dhp.virginia.gov">www.dhp.virginia.gov</a> e-mail: <a href="mailto:nursebd@dhp.virginia.gov">nursebd@dhp.virginia.gov</a>
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FOR OFFICE USE ONLY			
Fee Amount	Code	Approved	Date of Reinstatement

**APPLICATION FOR REINSTATEMENT OF  
LICENSE AS A NURSE PRACTITIONER**

I hereby make application to reinstate my license as a **Nurse Practitioner** in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** made payable to the *Treasurer of Virginia* in the amount of **\$85.00**. The fees are non-refundable. **VERIFICATION OF CURRENT CERTIFICATION MUST BE SUBMITTED.**

APPLICANT - Please provide the information requested below and on the back of this page. (Print or Type)					
Name:	Last	Suffix	First	Middle	Maiden
Street Address				Area Code & Telephone Number	
City		State		Zip Code	
Date of Birth (M/D/Y)		Social Security Number or Virginia DMV Control Number*		Virginia License Number NP #0024- _____	
School of Nursing		Location		Date of Graduation	
Date First License Issued		Name at Time of Original Licensure			
		Last	First	Middle	Maiden
If proof of name change to current name has not been filed with this office, submit a copy of marriage certificate or court order authorizing the change.					
Reinstatement due to lapse of license			or suspension or revocation of license		

\* In accordance with §54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your Control Number issued by the *Virginia* Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will **not** be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.  
 REVISED 10/02

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1. This question applies to any license or certificate as a nurse practitioner, registered nurse, licensed practical nurse, or nurse aide that may have been issued to you. Please answer **YES** or **NO** to EACH of the following: **(If you answer yes to any of the questions, please explain in detail below and have certified copies of any applicable orders sent directly to this office.)**

- Has any license issued to you ever been voluntarily surrendered? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever had any of the following disciplinary actions taken against your license by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES \_\_\_\_\_ NO \_\_\_\_\_
- Has your practice ever been the subject of an investigation by any licensing authority? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever been denied a license or certification in a health related field or jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Is your license in good standing in all jurisdictions where licensed? YES \_\_\_\_\_ NO \_\_\_\_\_ **(If no, explain below.)**

3. Please respond in full to the following questions. *You will need to provide documentation only if the response is different from that on your last application with this office.* Please answer **YES** or **NO** to each question.

- Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain below** and have a **certified copy** of the court order sent directly to the Board of Nursing.
- Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice nursing? Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain below** and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

## EXPLANATIONS:

<b>AFFIDAVIT</b> <b>(To be completed before a Notary Public)</b>	
State of _____	County/City of _____
Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a nurse practitioner in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands the affidavit.	
	_____ Signature of Applicant
Subscribed to and sworn to before me this _____ day of _____, _____.	
My commission expires on _____.	
<b>SEAL</b>	_____ Signature of Notary Public

**BOARD OF SOCIAL WORK**

Title of Regulation: **18 VAC 140-20. Regulations Governing the Practice of Social Work (adding 18 VAC 140-20-171).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Effective Date: July 27, 2005.

Agency Contact: Evelyn B. Brown, Executive Director, Board of Social Work, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-9943, or e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

Summary:

*The amendments establish in regulation the criteria for delegation, including the decision to delegate at the time of a probable cause determination, the types of cases that cannot be delegated, and the individuals who may be designated as agency subordinates.*

*The regulations will replace emergency regulations that have been in effect since August 25, 2004.*

Summary of Public Comments and Agency's Response: No public comment was received by the promulgating agency.

**18 VAC 140-20-171. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.**

*A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.*

*B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in 18 VAC 140-20-150, except as may otherwise be determined by the probable cause committee in consultation with the board chair.*

*C. Criteria for an agency subordinate.*

*1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.*

*2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.*

*3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.*

VA.R. Doc. No. R04-206; Filed June 7, 2005, 3:28 p.m.

**BOARD OF VETERINARY MEDICINE**

Title of Regulation: **18 VAC 150-20. Regulations Governing the Practice of Veterinary Medicine (adding 18 VAC 150-20-15).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Effective Date: July 27, 2005.

Agency Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Veterinary Medicine, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9915, FAX (804) 662-7098, or e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

Summary:

*The regulation establishes the criteria for delegation of informal fact-finding proceedings to an agency subordinate, including the decision to delegate at the time of a probable cause determination, the type of cases that may be delegated, and the individuals who may be designated as agency subordinates.*

*The regulation will replace emergency regulations that have been in effect since August 25, 2004.*

Summary of Public Comments and Agency's Response: No public comment was received by the promulgating agency.

**18 VAC 150-20-15. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.**

*A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.*

*B. Criteria for delegation. Cases that may be delegated to an agency subordinate are those that only involve failure to satisfy continuing education requirements.*

*C. Criteria for an agency subordinate. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding shall include current board members deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.*

VA.R. Doc. No. R04-208; Filed June 7, 2005, 3:35 p.m.



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# EMERGENCY REGULATIONS

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## TITLE 6. CRIMINAL JUSTICE AND CORRECTIONS

### CRIMINAL JUSTICE SERVICES BOARD

Title of Regulation: **6 VAC 20-250. Regulations Relating to Property and Surety Bail Bondsmen (adding 6 VAC 20-250-10 through 6 VAC 20-250-360).**

Statutory Authority: §§ 9.1-102 and 9.1-185.2 of the Code of Virginia.

Effective Dates: July 1, 2005 through June 30, 2006.

Agency Contact: Lisa McGee, Regulatory Program Manager, Department of Criminal Justice Services, 805 East Broad Street, Richmond, VA 23219, telephone (804) 371-2419, FAX (804) 786-6344, or e-mail [lisa.mcgee@dcjs.virginia.gov](mailto:lisa.mcgee@dcjs.virginia.gov).

Preamble:

*The board and the department are required by § 9.1-102 (47) to "License and regulate property bail bondsmen and surety bail bondsmen in accordance with Article 11 (§ 9.1-185 et seq.) of this chapter" (effective July 1, 2005). Pursuant to § 9.1-185.2, "The board shall adopt regulations that are necessary to ensure respectable, responsible, safe and effective bail bonding within the Commonwealth." Applicants for licensure are permitted to submit applications on May 1, 2005. The licensure process will require that an individual submit his fingerprints to conduct a national and Virginia criminal history records search and complete compulsory minimum training requirements. The regulations should be in place by May 1, 2005. Emergency regulations are promulgated pursuant to the third enactment of Chapter 460 of the 2004 Acts of Assembly, which require the department to promulgate regulations within 280 days of the enactment of Chapter 460.*

*The regulation establishes a licensure process to include a fingerprint based background check, licensure fees, compulsory minimum entry-level training standards, and administration of the regulatory system. It authorizes the department to receive complaints concerning the conduct of any person whose activities are monitored by the board, to conduct investigations, to issue disciplinary action, and to revoke, suspend, and refuse to renew a license. These procedures are established to ensure respectable, responsible, safe and effective bail bonding in the Commonwealth.*

*A public hearing will be held during the promulgation process. Participation from individuals will be strongly encouraged.*

**PART I.  
DEFINITIONS.**

**6 VAC 20-250-10. Definitions.**

*The following words and terms when used in this regulation shall have the following meanings, unless the context clearly indicates otherwise:*

*"Agent" means a licensed bail bondsman who is in the employment of another licensed bail bondsman*

*"Armed" means a bail bondsman who carries or has immediate access to a firearm in the performance of his duties.*

*"Bail bondsman" means any person who is licensed by the Department who engages in the business of bail bonding and is thereby authorized to conduct business in all courts of the Commonwealth.*

*"Board" means the Criminal Justice Services Board or any successor board or agency.*

*"Certificate" means a certificate issued by a judge on or before June 30, 2005, pursuant to former § 19.2-152.1.*

*"Certified Training School" means a training school, which is certified by the Department for the specific purpose of training regulated personnel in at least 1 category of the compulsory minimum training standards.*

*"Combat loading" means tactical loading of shotgun while maintaining coverage of threat area.*

*"Department" or "DCJS" means the Department of Criminal Justice Services or any successor agency.*

*"Employing bail bondsman" means a licensed bail bondsman who employs another licensed bail bondsman.*

*"Employee bail bondsman" means a licensed bail bondsman who is in the employment of another licensed bail bondsman.*

*"Firearm endorsement" means a method of regulation, which identifies a person licensed as a bail bondsman who has successfully completed the annual firearms training and has met the requirements as set forth in this regulation.*

*"Licensee" means a licensed bail bondsman.*

*"On duty" means the time during which bail bondsmen receive or are entitled to receive compensation for employment for which licensure is required.*

*"Property bail bondsman" means a person pursuant to this article who, for compensation, enters into a bond or bonds for others, whether as a principal or surety, or otherwise pledges real property, cash or certificates of deposit issued by a federally insured institution, or any combination thereof as security for a bond as defined in § 19.2-119 that has been posted to assure performance of terms and conditions specified by order of an appropriate judicial officer as a condition of bail.*

*"Surety bail bondsman" means a person licensed pursuant to this article who is also licensed by the State Corporation Commission as a property and casualty insurance agent, and who sells, solicits, or negotiates surety insurance as defined in § 38.2-121 on behalf of insurers licensed in the Commonwealth, pursuant to which the insurer becomes surety on or guarantees a bond, as defined in § 19.2-119, that has been posted to assure performance of terms and conditions specified by order of an appropriate judicial officer as a condition of bail.*

PART II.  
FEES.

**6 VAC 20-250-20. Fees.**

A. Schedule of fees. The fees listed below reflect the costs of handling, issuance, and production associated with administering and processing applications for licensing and other administrative requests for services relating to bail bonding services.

Categories	Fees
Initial bail bondsman license	\$900.00
Bail bondsman license renewal (Bi-annually)	\$900.00
Firearms endorsement (Annually)	\$10.00
Fingerprint card processing	\$50.00
Replacement photo identification	\$15.00
Partial Training Exemption	\$25.00

B. Dishonor of fee payment due to non-sufficient funds.

1. The Department may suspend the license it has granted any person who submits a check or similar instrument for payment of a fee required by statute or regulation, which is not honored by the financial institution upon which the check or similar instrument is drawn.

2. The suspension shall become effective upon receipt of written notice of the dishonored payment. Upon notification of the suspension, the licensee may request that the suspended license or authority be reinstated, provided payment of the dishonored amount plus any penalties or fees required under the statute or regulation accompanies the request. Suspension under this provision shall be exempt from the Administrative Process Act.

PART III.  
LICENSING PROCEDURES AND REQUIREMENTS.

**6 VAC 20-250-30. Bail Bondsman Eligibility.**

Persons required to be licensed, pursuant to § 9.1-102.47 of the Code of Virginia, as a bail bondsman shall meet all licensure requirements in this section. Persons who carry or have access to a firearm while on duty must have a valid license with a firearm endorsement as described under 6 VAC 20-250-80 of this regulation. If carrying a handgun concealed, the person must also have a valid concealed handgun permit, and the written permission of his employer pursuant to § 18.2-308 of the Code of Virginia.

A. Each person applying for a Bail Bondsman license shall meet the minimum requirements for eligibility as follows:

1. Be a minimum of 18 years of age;
2. Be a United States citizen or legal resident alien of the United States; and
3. Have received a high school diploma or GED.
4. Have successfully completed the bail bondsman exam required by the Board or successfully completed prior to July 1, 2005, a surety bail bondsman exam required by the State Corporation Commission under former § 38.2-1865.7.

5. Have successfully completed all initial training requirements, including firearms endorsement if applicable, requested pursuant to the compulsory minimum training standards in Part IV of this regulation.

B. The following persons are not eligible for licensure as bail bondsmen and may not be employed nor serve as the agent of a bail bondsman:

1. Persons who have been convicted of a felony within the Commonwealth, any other state, or the United States, who have not been pardoned, or whose civil rights have not been restored;

2. Employee, spouse of an employee or residing in the same household of an employee of a local or regional jail; sheriff's office; state or local police Department; persons appointed as conservators of the peace pursuant to Article 4.1 (§ 9.1-150.1 et seq.) of this chapter; an office of an attorney for the Commonwealth; Department of Corrections, Department of Criminal Justice Services, or a local community corrections agency.

**6 VAC 20-250-40. Initial Bail Bondsman License Application.**

A. Prior to the issuance of any bail bondsman license, each bondsman applicant shall:

1. Pass the bail bondsman exam as prescribed by the Board or have successfully completed a surety bail bondsman exam as required by the State Corporation Commission under former § 38.2-1865.7. Any applicant who improperly uses notes or other reference materials, or otherwise cheats on the exam, shall be ineligible to become a licensed bail bondsman.

2. Successfully complete entry-level training, and firearms training if applicable, pursuant to the compulsory minimum training standards set forth under Part IV of this regulation;

3. File with the Department a completed application for such license on the form and in the manner provided by the Department.

4. Submit fingerprints to the Department pursuant to 6 VAC 20-250-50;

5. Submit the appropriate nonrefundable application-processing fee to the Department.

6. Maintain a physical address in Virginia where records, required to be maintained by the Code of Virginia and this regulation, are kept and available for inspection by the Department. A post office box is not a physical address;

B. Additionally, prior to the issuance of a property bail bondsman license, each property bail bondsman applicant shall provide proof of collateral of \$200,000 on his bonds and proof of collateral of \$200,000 on the bonds of each of his agents. Any collateral that is not in the form of real estate, cash, or certificates of deposit issued by a FDIC-insured financial institution shall be specifically approved by the Department before it may be used as collateral.

1. If the property used as collateral is real estate, such real estate shall be located in the Commonwealth. In addition,

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the property bail bondsman applicant shall submit to the Department:

a. A true copy of the current real estate tax assessment thereof, certified by the appropriate assessing officer of the locality wherein such property is located or, at the option of the property bail bondsman, an appraisal of the fair market value of the real estate, which appraisal shall have been prepared by a licensed real estate appraiser, within one year of its submission.

b. A new appraisal, if, at its discretion, the Department so orders for good cause shown prior to certification. At the discretion of the Department, after the original submission of any property appraisal or tax assessment, further appraisals or tax assessments for that property may not be required more than once every five years.

c. An affidavit by the property bail bondsman applicant that states, to the best of such person's knowledge, the amount of equity in the real estate, and the amounts due under any obligations secured by liens or similar encumbrances against the real estate, including any delinquent taxes, as of the date of the submission. At its discretion, the Department may require additional documentation to verify these amounts.

2. If the property used as collateral consists of cash or certificates of deposit, the property bail bondsman applicant shall submit to the Department verification of the amounts, and the names of the financial institution in which they are held.

3. Any property bail bondsman issued a certificate by a judge pursuant to former § 19.2-152.1, prior to July 1, 1989, who has continuously maintained his certification and who has never provided to a court collateral of \$200,000 or more, shall continue to be exempt from the \$200,000 collateral requirements specified above. Those property bail bondsmen who are exempted from this provision shall satisfy all of the other requirements in this article for bail bondsmen, and shall provide to the Department the collateral amount to which they may bond and provide proof of his prior certification by obtaining a certified copy of: (i) the certificate issued pursuant to former § 19.2-152.1 and (ii) the documents held by the originating court that stated the collateral amount for which they were able to bond.

4. Each property bail bondsman, if so directed by the Department, shall place a deed of trust on the real estate that he is using for the limit of his expected bonded indebtedness to secure the Commonwealth and shall name the attorney for the Commonwealth of the affected locality as trustee under the deed of trust, and furnish the Department an acceptable appraisal and title certificate of the real estate subject to any such deed of trust.

C. Prior to the issuance of a surety bail bondsman license, each surety bail bondsman applicant shall:

1. Submit proof of current licensing as a property and casualty insurance agent validated by the State Corporation Commission.

2. Submit copies of each qualifying power of attorney that will be used to provide surety. All qualifying powers of

attorney filed with the Department shall contain the name and contact information for both the surety agent and the registered agent of the issuing company. In the event an applicant for a surety bail bondsman license is unable to obtain a qualifying power of attorney prior to the issuance of his license.

3. The Department may issue a letter of temporary licensure for not more than 30 days on the condition that each qualifying power of attorney obtained be filed within the 30 days. This temporary license does not permit a surety bail bondsman to write bail bonds for any insurance company without first filing the company qualifying power of attorney with the Department.

## **6 VAC 20-250-50. Fingerprint processing.**

A. Each person applying for licensure as a bail bondsman shall submit to the Department:

1. One completed fingerprint card provided by the Department or another electronic method approved by the Department;

2. A fingerprint processing application;

3. The applicable nonrefundable fee; and

4. All criminal history conviction information on a form provided by the Department.

B. The Department shall submit those fingerprints to the Virginia State Police for the purpose of conducting a Virginia Criminal History Records search and a National Criminal Records search to determine whether the person or persons have a record of conviction.

C. Fingerprint cards found to be unclassifiable will suspend action on the application pending the re-submittal of a classifiable fingerprint card. The applicant shall be so notified in writing and shall submit a new fingerprint card within 30 days before the processing of his application shall resume. After 30 days, the initial fingerprint application process will be required to include applicable application fees.

D. If the applicant is denied by DCJS, the Department will notify the applicant by letter regarding the reasons for the denial.

## **6 VAC 20-250-60. Application Sanctions/Denial, Probation, Suspension and Revocation.**

A. The Department may deny a license in which any person has been convicted in any jurisdiction of any felony. Any plea of nolo contendere shall be considered a conviction for the purposes of this regulation. The record of a conviction, authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted, shall be admissible as prima facie evidence of such conviction.

B. The Department may deny a license in which any person has not maintained good standing in every jurisdiction where licensed; or has had his license denied upon initial application, suspended, revoked, surrendered, or not renewed; or has otherwise been disciplined in connection with a disciplinary action prior to applying for licensing in Virginia.

C. Any false or misleading statement on any state application or supporting documentation is grounds for denial or revocation and may be subject to criminal prosecution.

D. The Department may deny licensure to a person for other just cause.

E. A licensee shall be subject to disciplinary action for violations or noncompliance with the Code of Virginia or this regulation. Disciplinary action shall be in accordance with procedures prescribed by the Administrative Process Act. The disciplinary action may include but is not limited to a letter of censure, fine, probation, suspension or revocation.

## **6 VAC 20-250-70. License Issuance.**

A. Upon completion of the initial license application requirements, the Department may issue an initial license for a period not to exceed 24 months.

B. Each license shall be issued to the applicant named on the application and shall be valid only for the person named on the license. No license shall be assigned or otherwise transferred to another person.

C. Each licensee shall comply with all applicable administrative requirements and standards of conduct and shall not engage in any acts prohibited by applicable sections of the Code of Virginia and this regulation.

## **6 VAC 20-250-80. Firearm Endorsement.**

In addition to applying for a bail bondsman license, each applicant who carries or has immediate access to a firearm while on duty must apply for such endorsement on a form and in the manner prescribed by the Board, and containing any information the Board requires.

A. Prior to the issuance of a firearm endorsement, each applicant shall:

1. Successfully complete the entry-level firearms training, pursuant to the compulsory minimum training standards set forth in Part IV of this regulation; and
2. Submit the appropriate nonrefundable application-processing fee to the Department.

B. Upon completion of the application requirements, the Department may issue a firearm endorsement for a period not to exceed 12 months.

C. Firearms endorsements may be reissued for a period not to exceed a period of 12 months when the applicant has met the following requirements:

1. Filed with the Department a completed application for such endorsement on the form and in the manner provided by the Department at least 30 days prior to expiration of their current endorsement; and
2. Successfully completed the firearms re-training, pursuant to the compulsory minimum training standards set forth under Part IV of this regulation; and
3. Submitted the appropriate nonrefundable application-processing fee to the Department

## **6 VAC 20-250-90. License Renewal Application.**

The Department should receive applications for licensure renewal at least 30 days prior to expiration. The Department will provide a renewal notification to the last known mailing address of the licensed person. However, if a renewal notification is not received by the person, it is the responsibility of the person to ensure renewal requirements are filed with the Department.

A. Each person applying for License renewal shall meet the minimum requirements for eligibility as follows:

1. Successfully complete the in-service training, and firearms retraining if applicable, pursuant to the compulsory minimum training standards set forth under Part IV of this regulation; and
2. Be in good standing in every jurisdiction where licensed. This subdivision shall not apply to any probationary periods during which the person is eligible to operate under the license.

B. The Department may renew a license when the Department receives the following:

1. A properly completed renewal application provided by the Department;
2. Fingerprint cards submitted pursuant to 6 VAC 20-250-50;
3. The applicable, nonrefundable license renewal fee;
4. Proof of successful completion of the in-service training, pursuant to the compulsory minimum training standards set forth under Part IV of this regulation; and
5. All other documentation listed in subsections B and C pursuant to 6 VAC 20-250-40.

C. Upon completion of the renewal license application requirements, the Department may issue a license for a period not to exceed 24 months.

D. Any renewal application received by the Department shall meet all renewal requirements prior to the expiration date of a license or shall be subject to the initial bail bondsman license application requirements pursuant to 6 VAC 20-250-40.

## **6 VAC 20-250-100. License Termination.**

A. Any surety bail bondsman license issued pursuant to this article shall terminate immediately upon the termination of the licensee's property and casualty insurance agent license, and may not be applied for again until the person has been issued a new property and casualty insurance agent license.

## **6 VAC 20-250-110. Replacement state issued identification.**

A. Licensed person seeking a replacement state issued photo identification shall submit to the Department:

1. A properly completed application provided by the Department; and
2. The applicable, nonrefundable application fee.

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PART IV.  
COMPULSORY MINIMUM TRAINING STANDARDS FOR  
BAIL BONDSMEN.

Article 1.  
Training Requirements.

**6 VAC 20-250-120. Entry-level training.**

A. Each bail bondsman as defined by § 9.1-185 of the Code of Virginia, must meet the compulsory minimum training standards herein established, unless provided for otherwise in accordance with this regulation.

B. Training will be credited only if application for licensure is submitted to the Department within 12 months of completion of training.

C. Hour requirement. The compulsory minimum entry level training hour requirement by category, excluding examinations, practical exercises and range qualification, shall be:

1. Bail Bondsman Core Training -- 24 hours
2. Firearms Training -- 14 hours

D. Course content. The compulsory minimum entry level training course content by category, excluding examinations, mandated practical exercises and range qualification, shall be as provided in this subsection.

Core subjects. The entry-level curriculum set forth the following areas identified as:

I. Orientation - 2 hours.

A. Ethical Standards

1. Professionalism
2. Misrepresentation
3. Conflicts of Interest
4. Information Protection, Confidentiality, and Discretion Requirements

B. Brief Introduction to Code of Virginia & Regulations Relating to Bail Bondsman

II. Law - 12 hours plus one practical exercise.

A. Code of Virginia and Regulations Relating to Bail Bondsman

1. Definitions
2. Licensing Procedures and Requirements
3. Compulsory Minimum Training Standards
4. Standards of Practice and Prohibited Acts
5. Administrative Requirements/Standards of Conduct
6. Administrative Reviews, Complaints, Procedures, and Responsibilities

B. Basic Law

1. Legal terminology and definitions

2. Purpose and function of law
  3. US Constitution
    - a. Amendments
    - b. Bill of Rights
  4. Landmark Cases
  5. Limitations and liability
- C. Surety and Property Law
1. Surety Bail Bondsman
    - a. Insurance Companies
    - b. Agent vs. Attorney-in-Fact
    - c. Virginia Qualification Requirements
  2. Property Bail Bondsman
    - a. Virginia Property Requirements
    - b. Agent Requirements
- D. Courts
1. Civil Court System
    - a. Federal
    - b. State
    - c. Local Jurisdiction
    - d. Definitions
    - e. Civil Judicial Procedures
  2. Criminal Court System
    - a. State and Federal
    - b. Legal Authority and Related Issues
    - c. Liability Concerns
    - d. Definitions/Interpretations
    - e. Magistrates
- E. Release from Legal Obligation
1. When Defendant answers charge
  2. Circulate the bail piece release
  3. Special considerations
    - a. The Recognizance
    - b. Preliminary Hearing
    - c. Bond Continuation Pending Pre-sentence Report
    - d. Sentencing
    - e. Withhold findings
    - f. Bond reinstatement
- III. Fugitive Recovery - 8 hours plus one practical exercise.
- A. Legal Procedures

1. Bondsman's legal right to recover
2. Notice of Show Cause Hearing
3. Entry of finding of default
4. Payment of forfeiture
5. Recovery: 12 months from entry of finding of default
6. Section 9.1-185.15 Recovery of Bailees

#### B. Criminal Statutes

1. Liability considerations/liability insurance
2. Case law
3. Law enforcement
  - a. State
  - b. Federal
4. Reasonable force to effect apprehension

#### C. Use of recovery agents in Virginia

1. Virginia Legal Requirements
2. Recovery Agents Authority
3. Employee vs. Independent Contractor
4. Liability considerations/liability insurance

#### D. Responsibilities when Fugitive is in Bondsman's custody

1. Recovery in Virginia
2. Recovery out of Virginia; Uniform Extradition Act
3. International recovery

#### E. Recovery Procedures

1. Locating; surveillance; and entry techniques
2. Confrontation management
3. Use of force
4. Arrests

#### IV. Documentation - 2 hours plus one practical exercise.

##### A. Required by the Courts

##### B. Required by DCJS

##### C. Record keeping

##### D. Reporting

##### E. Retaining Records

##### V. Written Examination

Total hours (excluding exam) - 24 hours

#### **6 VAC 20-250-130. In-service training.**

A. Each person licensed with the Department as a bail bondsman shall complete the compulsory in-service training standards within the last 12 months preceding the expiration date of licensure.

B. Course content. The compulsory minimum in-service training course content by category, excluding examinations, practical exercises and range qualification, shall be as follows:

##### 1. Bail Bondsman core subjects:

- (a) Legal authority--2 hours
- (b) Job-related training--6 hours

Total hours-8 hours

#### **6 VAC 20-250-140. Training Extension.**

A. An extension of the time period to meet in-service training requirements may be approved only under specific circumstances, which do not allow bail bondsmen to complete the required procedures within the prescribed time period. The following are the only circumstances for which extensions may be granted:

1. Extended illness;
2. Extended injury;
3. Military or Foreign Service.

##### B. A request for extension shall:

1. Be submitted in writing, dated and signed by the licensee prior to the expiration date of the time limit required for completion of the requirements;
2. Indicate the projected date the person will be able to comply with the requirements; and
3. Include a copy of the physician's record of the injury or illness or a copy of the government orders.

C. No extension will be approved for licenses that have expired.

D. Applications for additional extensions may be approved upon written request of the licensee.

#### Article 2.

#### Firearms Training Requirements.

#### **6 VAC 20-250-150. General firearms training requirements.**

A. Firearms training endorsement is required for all bail bondsmen who carry or have immediate access to a firearm while on duty. Each person who carries or has immediate access to firearms while on duty shall qualify with each type of action and caliber of firearm to which he has access.

#### **6 VAC 20-250-160. Entry-level handgun training.**

##### A. Handgun classroom training.

1. The entry-level handgun classroom training will include but not be limited to the following:
  - a. The proper care and maintenance of the firearm;
  - b. Civil liability of the use of firearms;
  - c. Criminal liability of the use of firearms;
  - d. Firearms retention and storage;
  - e. Deadly force;

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- f. Justifiable deadly force;
- g. Range safety;
- h. Principles of marksmanship;
- i. Practical firearms handling and safety;
- j. Judgmental shooting; and
- k. Dim Low level light shooting familiarization

Total hours (excluding written examination)--14 hours

2. Written examination required.

**B. Range qualification (no minimum hours).** The purpose of the range qualification course is to provide practical firearms training to persons desiring to become an armed bail bondsman.

1. Prior to the date of range training, it will be the responsibility of the school director to ensure that all students are informed of the proper attire and equipment to be worn for the firing range portion of the training. Equipment needed: handgun, belt with directional draw holster, ammunition (60 rounds)

2. Factory loaded practice or duty ammunition (60 rounds) may be used for practice or range qualification.

3. Course shall be fired double action, or double single action except for single action semi-automatic handguns.

4. All qualifications shall be conducted using a B-27 silhouette target or the FBI "Q" target. Alternate targets may be utilized with prior approval by the Department.

5. With prior approval of the Department, a reasonable modification of the firearms course may be approved to accommodate qualification on indoor ranges.

6. A certified firearms instructor must be present on the range directly controlling the fire line during all phases of firearms training. There shall be a minimum of one certified firearms instructor per five shooters on the line.

7. All persons shall qualify with directional draw holsters only.

8. The range qualification of persons shall be scored as follows:

*B27 target: (use indicated K-value) 7, 8, 9, 10 X rings--value 5 points, other hits on silhouette--value 0 points: divide points scored by maximum possible score to obtain decimal and convert to percentage, e.g.,  $225 \div 300 = .75 = 75\%$ .*

*FBI Q target: all hits inside the bottle - value 5 points; hits outside the bottle - value 0 points.*

9. The low light range familiarization of persons shall be scored as indicated above. This is strictly a familiarization course with no pass or fail grade provided.

**C. Course: Virginia Course of Fire for Handguns.** The course of fire shall be conducted using, at a minimum, the requirements set forth in subsection B of this section. Strong/weak hand refers to the primary hand used in firing the

firearm. The opposite hand may be used for support. The course of fire shall be conducted in the following phases:

1. Phase 1; 3 yards, utilizing weaver, Modified Weaver, or isosceles stance, 18 rounds:

- a. Load 6 rounds and holster loaded firearm.
- b. On command, draw and fire 2 rounds (3 seconds), repeat.
- c. Load 6 rounds and holster loaded firearm.
- d. On command, draw and fire 6 rounds with strong hand.
- e. Unload, reload 6 rounds and fire 6 rounds with weak hand (25 seconds).

2. Phase 2; 7 yards, utilizing weaver, Modified Weaver, or isosceles stance, 24 rounds:

- a. Load 6 rounds and holster loaded firearm.
- b. On command, draw and fire 1 round (2 seconds), repeat.
- c. Load 6 rounds and holster loaded firearm.
- d. On command, draw and fire 2 rounds (3 seconds), repeat.
- e. Load 6 rounds and holster loaded firearm.
- f. On command, draw and fire 6 rounds, reload 6 rounds, fire 6 rounds (30 seconds).

3. Phase 3; 15 yards, 70 seconds, 18 rounds:

- a. Load 6 rounds and holster loaded firearm.
- b. On command, assume kneeling position, draw and fire 6 rounds with strong hand.
- c. Assume standing position, unload, reload and fire 6 rounds from weak-hand barricade position.
- d. Unload, reload and fire 6 rounds from strong-hand barricade position (Kneeling position may be fired using barricade position.) (70 seconds).

**D. Low Light Course: Virginia Low Light Familiarization Course of Fire for Handguns.** The course of fire shall be conducted using, at a minimum, the requirements set forth in this subsection. Equipment needed: belt with directional draw holster, handgun, two speed loaders or three magazines, range ammunition (30 rounds). Equipment provided by instructor: A range that can simulate low light or a pair of welders goggles for each student that simulates low light. Strong/weak hand refers to the primary hand used in firing the firearm. The opposite hand may be used for support. The course of fire shall be conducted in the following phases:

1. Phase I; 3 yards, utilizing weaver or isosceles stance, 18 rounds:

- a. Load 6 rounds and come to ready.
- b. On command, fire 2 rounds (3 seconds) repeat.
- c. Load 6 rounds and come to ready.
- d. On command, fire 6 rounds with strong hand.

e. Unload, reload 6 rounds and fire 6 rounds (30 seconds).

2. Phase 2; 7 yards, utilizing weaver or isosceles stance, 12 rounds:

- a. Load 6 rounds and come to ready.
- b. On command, fire 2 rounds (5 seconds), and repeat.
- c. Load 6 rounds and come to ready.
- d. On command, draw and fire 3 rounds (6 seconds), and repeat.

**6 VAC 20-250-170. Entry level shotgun training.**

1. Shotgun classroom training. The entry level shotgun classroom instruction will emphasize but not be limited to:

- 1. Safe and proper use and handling of the shotgun;
- 2. Nomenclature;
- 3. Positions and combat loading techniques;
- 4. Decision-making with the shotgun;
- 5. Transition from sidearm to shotgun; and
- 6. Shotgun retention and proper use of a sling.

Total hours-2 hours

2. Range qualification (no minimum hours). The purpose of the range firing course is to provide practical shotgun training to those persons who carry or have immediate access to a shotgun in the performance of their duties.

- 1. For certification, 12 gauge, double aught "00" buckshot ammunition shall be used. Five rounds.
- 2. Scoring--70% of available pellets must be within silhouette.
- 3. Course: Virginia Bail Bondsman Course of Fire for Shotguns.

Distance	Position	No. Rounds	Target	Time
Combat load & fire 15 Yds.	Standing/ Shoulder	3	B-27 Silhouette	20 sec.
Combat load & fire 25 Yds.	Kneeling/ Shoulder	2	B-27 Silhouette	15 sec.

4. A certified firearms instructor must be present on the range directly controlling the firing line during all phases of firearms range training. There shall be a minimum of one certified firearms instructor per five shooters on the line.

**6 VAC 20-250-180. Firearms (handgun/shotgun) retraining.**

A. All armed bail bondsmen must satisfactorily complete two hours of firearms classroom training or practical exercises and range training, and requalify as prescribed in 6 VAC 20-250-160 for handgun and 6 VAC 20-250-170 for shotgun, if applicable, on an annual basis prior to the issuance of the Firearms Endorsement, as follows.

- 1. Classroom retraining or practical exercises--2 hours

2. Range qualification with handgun and/or shotgun, if applicable (no minimum hours)

Total hours (excluding range qualification)--2 hours

**6 VAC 20-250-190. Prior firearms training exemption.**

A. Persons having previous Department-approved firearms training may be authorized credit for such training, which meets or exceeds the compulsory minimum training standards for a firearm endorsement, provided such training has been completed within the 12 months preceding the date of application. Official documentation of the following must accompany the application for partial in-service training credit:

- 1. Completion of Department-approved firearms training; and
- 2. Qualification at a Virginia criminal justice agency, academy or correctional Department.

B. Individuals requesting a training exemption shall file an application furnished by the Department and include the applicable, nonrefundable application fee. The Department may issue a training exemption on the basis of individual qualifications as supported by required documentation.

**PART V.  
RECORDKEEPING STANDARDS AND REPORTING REQUIREMENTS.**

**6 VAC 20-250-200. Record keeping Standards.**

A. The bail bondsman shall retain, for a minimum of the three calendar years from the date of the termination of the liability:

- 1. Copies of all written representations made to any court or to any public official for the purpose of avoiding a forfeiture of bail, setting aside a forfeiture, or causing a defendant to be released on his own recognizance.
- 2. Copies of all affidavits and receipts made in connection with collateral received in the course of business.
- 3. Evidence of the return of any security or collateral received in the course of business, including a copy of the receipt showing when and to whom the collateral was returned.

B. Upon request of the Department, a bail bondsman shall provide any documents required to be kept pursuant to this section.

**6 VAC 20-250-210. Reporting Requirements.**

A. Each licensed bail bondsman shall report within 30 calendar days to the Department any change in his residence, name, business name or business address, and ensure that the Department has the names and all fictitious names of all companies under which he carries out his bail bonding business.

B. Each licensed bail bondsman convicted of a felony shall report within 30 calendar days to the Department the facts and circumstances regarding the criminal conviction.

C. Each licensed bail bondsman shall report to the Department, within 30 calendar days of the final disposition, of the matter any administrative action taken against him by

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# Emergency Regulations

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another governmental agency in the Commonwealth or in another jurisdiction. Such report shall include a copy of the order, consent to order or other relevant legal documents.

D. Each licensed bail bondsman shall report to the Department within 24 hours any event in which he discharges a firearm during the course of his duties.

E. Each licensed property bail bondsman shall submit to the Department, on a prescribed form, not later than the fifth day of each month, a list of all outstanding bonds on which he was obligated as of the last day of the preceding month, together with the amount of the penalty of each such bond.

F. Each licensed property bail bondsman shall report to the Department any change in the number of agents in his employ within seven days of such change and concurrently provide proof of collateral of \$200,000 for each new agent, in accordance with subsection C of § 9.1-185.5.

G. Each licensed property bail bondsman shall report to the Department within five business days if any new lien, encumbrance, or deed of trust is placed on any real estate that is being used as collateral on his or his agents' bonds as well as the amount it is securing. The reporting requirement deadline is deemed to begin as soon as the licensed property bail bondsman learns of the new lien, encumbrance, or deed of trust, or should have reasonably known that such a lien, encumbrance, or deed of trust had been recorded.

H. Each licensed surety bail bondsman shall report to the Department within 30 days any change in his employment or agency status with a licensed insurance company. If the surety bail bondsman receives a new qualifying power of attorney from an insurance company, he shall forward a copy thereof within 30 days to the Department, in accordance with subdivision D 2 of § 9.1-185.5.

## PART VI.

### ADMINISTRATIVE REQUIREMENTS/STANDARDS OF CONDUCT.

#### **6 VAC 20-250-220. General requirements.**

A. All bail bondsmen are required to maintain administrative requirements and standards of conduct as determined by the Code of Virginia, Department guidelines and this regulation.

#### **6 VAC 20-250-230. Professional conduct standards; grounds for disciplinary actions.**

A. Any violations of the restrictions or standards under this statute shall be grounds for placing on probation, refusal to issue or renew, sanctioning, suspension or revocation of the bail bondsman's license. A licensed bail bondsman is responsible for ensuring that his employees, partners and persons contracted to perform services for or on behalf of the bonding business comply with all of these provisions, and do not violate any of the restrictions that apply to bail bondsmen. Violations by a bondsman's employee, partner, or agent may be grounds for disciplinary action against the bondsman, including probation, suspension or revocation of license. Upon notification from the State Corporation Commission of a license suspension, the Department shall immediately suspend a surety bondsman's license, pending the results of an investigation.

B. A licensed bail bondsman shall not:

1. Knowingly commit, or be a party to, any material fraud, misrepresentation, concealment, conspiracy, collusion, forgery, scheme or device whereby any other person lawfully relies upon the word, representation, or conduct of the bail bondsman.

2. Solicit sexual favors or extort additional consideration as a condition of obtaining, maintaining, or exonerating bail bond, regardless of the identity of the person who performs the favors.

3. Conduct a bail bond transaction that demonstrates bad faith, dishonesty, coercion, incompetence, extortion or untrustworthiness.

4. Coerce, suggest, aid and abet, offer promise of favor, or threaten any person on whose bond he is surety or offers to become surety, to induce that person to commit any crime.

5. Give or receive, directly or indirectly, any gift of any kind to any non-elected public official or any employee of a governmental agency involved with the administration of justice, including but not limited to law-enforcement personnel, magistrates, judges, and jail employees, as well as attorneys. De minimis gifts, not to exceed \$50 per year per recipient, are acceptable, provided the purpose of the gift is not to directly solicit business, or would otherwise be a violation of Board regulations or the laws of the Commonwealth.

6. Fail to comply with any of the statutory or regulatory requirements governing licensed bail bondsmen.

7. Fail to cooperate with any investigation by the Department.

8. Fail to comply with any subpoena issued by the Department.

9. Provide materially incorrect, misleading, incomplete or untrue information in a license application, renewal application, or any other document filed with the Department.

10. Provide bail for any person if he is also an attorney representing that person.

11. Provide bail for any person if the bondsman was initially involved in the arrest of that person.

C. A licensed bail bondsman shall ensure that each recognizance on all bonds for which he signs shall contain the name and contact information for both the surety agent and the registered agent of the issuing company.

D. An administrative fee may be charged by a bail bondsman, not to exceed reasonable costs. Reasonable costs may include, but are not limited to, travel, court time, recovery fees, phone expenses, administrative overhead and postage.

E. A property bail bondsman shall not enter into any bond if the aggregate of the penalty of such bond and all other bonds, on which he has not been released from liability, is in excess of the true market value of the equity in his real estate, cash or certificates of deposit issued by a federally insured institution, or any combination thereof.

F. A property bail bondsman or his agent shall not refuse to cover any forfeiture of bond against him or refuse to pay such forfeiture after notice and final order of the court.

G. A surety bail bondsman shall not write bail bonds on any qualifying power of attorney for which a copy has not been filed with the Department.

H. A surety bail bondsman shall not violate any of the statutes or regulations that govern insurance agents.

**6 VAC 20-250-240. Solicitation of business; standards; restrictions and requirements.**

A. Only licensed bail bondsmen shall be authorized to solicit bail bond business in the Commonwealth.

B. A licensed bail bondsman shall not:

1. Solicit bail bond business by directly initiating contact with any person in any court, jail, lock-up, or surrounding government property.
2. Loiter by any jail or magistrate's office unless there on legitimate business.
3. Refer a client or a principal for whom he has posted bond to an attorney for financial profit or other consideration.

**6 VAC 20-250-250. Recovery of bailees; methods of capture; standards and requirements; limitations.**

A. During the recovery of a bailee, a bail bondsman shall have a copy of the relevant recognizance for the bailee. In the event a bail bondsman is recovering the bailee of another bondsman, he shall also have written authorization from the bailee's bondsman, obtained prior to affecting the capture. The Department shall develop the written authorization form to be used in such circumstances.

B. A bail bondsmen shall not enter a residential structure without first verbally notifying the occupants who are present at the time of the entry.

C. Absent exigent circumstances, a bail bondsman shall give prior notification of at least 24 hours to local law enforcement or state police of the intent to apprehend a bailee. In all cases, a bail bondsman shall inform local law enforcement within 30 minutes of capturing a bailee.

D. A bail bondsman shall not break any laws of the Commonwealth in the act of apprehending a bailee.

**6 VAC 20-250-260. Collateral received in the course of business; standards and requirements.**

A. A licensed bail bondsman shall be permitted to accept collateral security or other indemnity from the principal, which shall be returned upon final termination of liability on the bond, including the conclusion of all appeals or appeal periods. Such collateral security or other indemnity required by the bail bondsman shall be reasonable in relation to the amount of the bond.

B. When a bondsman accepts collateral, he shall give a written receipt to the depositor. The receipt shall provide a full description of the collateral received and the terms of

redemption or forfeiture. The receipt shall also include the depositor's name and contact information.

C. Any bail bondsman who receives collateral in connection with a bail transaction shall receive such collateral in a fiduciary capacity, and prior to any forfeiture of bail shall keep it separate and apart from any other funds or assets of such bail bondsman. In the event a bondsman receives collateral in the nature of a tangible good, it shall be a per se violation of the bail bondsman's fiduciary duty to make personal use of any such collateral unless there is a proper forfeiture of bail.

D. Any collateral received shall be returned with all due diligence to the person who deposited it with the bail bondsman or any assignee other than the bail bondsman as soon as the obligation is discharged and all fees owed to the bail bondsman have been paid. In any event, after a specific request for the return of the collateral by the depositor, the collateral shall be returned within 15 days after all fees owed have been paid.

**6 VAC 20-250-270. Uniforms and identification; standards and restrictions.**

A. A bail bondsman shall not wear, carry, or display any uniform, badge, shield, or other insignia or emblem that implies he is an agent of state, local, or federal government.

B. A bail bondsman shall wear or display only identification issued by, or whose design has been approved by the Department.

PART VII.

COMPLAINTS, DEPARTMENT ACTIONS, ADJUDICATION.

Article 1.  
Complaints.

**6 VAC 20-250-280. Submittal requirements.**

A. Any aggrieved or interested person may file a complaint against any person whose conduct and activities are regulated or required to be regulated by the board. The complaint must allege a violation of the law governing bail bondsman services or this regulation.

B. Complaints may be submitted:

1. In writing, or on a form provided by the Department, by a signed complainant;
2. In writing, submitted anonymously, that provide sufficient detailed information for the Department to conduct an investigation; or
3. Telephonically, providing the complaint alleges activities which constitute a life-threatening situation, or have resulted in personal injury or loss to the public or to a consumer, or which may result in imminent harm or personal injury, and that provide sufficient detailed information for the Department to conduct an investigation.

**6 VAC 20-250-290. Department investigation.**

A. The Department may initiate or conduct an investigation based on any information received or action taken by the Department to determine compliance with the Code of Virginia and this regulation.

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# Emergency Regulations

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## B. Documentation.

1. Persons regulated or required to be regulated by this regulation pursuant to the Code of Virginia are required to provide Department investigators with any and all records required to be maintained by this regulation.

a. This shall not be construed to authorize the Department to demand records protected under applicable federal and state laws. If such records are necessary to complete an investigation, the Department may seek a subpoena to satisfy the request.

b. The Department shall endeavor to review, and request as necessary, only those records required to verify alleged violations of compliance with the Code of Virginia and this regulation.

2. The Department shall endeavor to keep any documentation, evidence or information on an investigation confidential until such time as adjudication has been completed, at which time information may be released upon request pursuant to applicable federal and state laws, rules or regulations.

### Article 2. Department Actions.

#### **6 VAC 20-250-300. Disciplinary action; sanctions; publication of records.**

Each person subject to jurisdiction of this regulation who violates any statute or regulation pertaining to bail bondsman services shall be subject to sanctions imposed by the Department regardless of criminal prosecution.

A. The Department may impose any of the following sanctions, singly or in combination, when it finds the respondent in violation or in noncompliance of the Code of Virginia or of this regulation:

1. Letter of reprimand or censure;
2. Probation for any period of time;
3. Suspension of license or approval granted, for any period of time;
4. Revocation;
5. Refusal to issue or renew a license or approval;
6. Fine not to exceed \$2,500 per violation as long as the respondent was not criminally prosecuted;
7. Remedial Training.

B. The Department may conduct hearings and issue cease and desist orders to persons who engage in activities prohibited by this regulation but do not hold a valid license, certification or registration. Any person in violation of a cease and desist order entered by the Department shall be subject to all of the remedies provided by law and, in addition, shall be subject to a civil penalty payable to the party injured by the violation.

C. The director (chief administrative officer of the Department) may summarily suspend a license under this regulation without a hearing, simultaneously with the filing of a formal

complaint and notice for a hearing, if the director finds that the continued operations of the licensee would constitute a life-threatening situation, or has resulted in personal injury or loss to the public or to a consumer, or which may result in imminent harm, personal injury or loss.

D. All proceedings pursuant to this section are matters of public record and shall be preserved. The Department may publish a list of the names and addresses of all licensees whose conduct and activities are subject to this regulation and have been sanctioned or denied licensure or approval.

#### **6 VAC 20-250-310. Fines, administrative and investigative costs.**

A. The Department may recover costs of any investigation and adjudication of any violations of the Code of Virginia or regulations, which result in a sanction, including fine, probation, suspension, revocation or denial of any license. Such costs shall be in addition to any monetary penalty that may be imposed.

### Article 3. Adjudication.

#### **6 VAC 20-250-320. Hearing process.**

A. Following a preliminary investigative process, the Department may initiate action to resolve the complaint through an informal fact-finding conference or formal hearing as established in this regulation. Pursuant to the authority conferred in § 9.1-141 C 6 of the Code of Virginia and in accordance with the procedures set forth by the Administrative Process Act and the procedures prescribed herein, the Department is empowered to receive, review, investigate and adjudicate complaints concerning the conduct of any person whose activities are regulated by the board. The board will hear and act upon appeals arising from decisions made by the director. In all case decisions, the Criminal Justice Services Board shall be the final agency authority.

#### **6 VAC 20-250-330. Informal fact-finding conference.**

A. The purpose of an informal fact-finding conference is to resolve allegations through informal consultation and negotiation. Informal fact-finding conferences shall be conducted in accordance with § 2.2-4019 of the Code of Virginia. The respondent, the person against whom the complaint is filed, may appeal the decision of an informal fact-finding conference and request a formal hearing, provided that written notification is given to the Department within 30 days of the date the informal fact-finding decision notice was served, or the date it was mailed to the respondent, whichever occurred first. In the event the informal fact-finding decision was served by mail, three days shall be added to that period.

#### **6 VAC 20-250-340. Formal hearing.**

A. Formal hearing proceedings may be initiated in any case in which the basic laws provide expressly for a case decision, or in any case to the extent the informal fact-finding conference has not been conducted or an appeal thereto has been timely received. Formal hearings shall be conducted in accordance with § 2.2-4020 of the Code of Virginia. The findings and decision of the director resulting from a formal hearing may be appealed to the board.

B. After a formal hearing pursuant to § 2.2-4020 of the Code of Virginia wherein a sanction is imposed to fine, or to suspend, revoke or deny issuance or renewal of any license or approval, the Department may assess the holder thereof the cost of conducting such hearing when the Department has final authority to grant such license, registration, certification or approval, unless the Department determines that the offense was inadvertent or done in good faith belief that such act did not violate a statute or regulation. The cost shall be limited to (i) the reasonable hourly rate for the hearing officer and (ii) the actual cost of recording the proceedings. This assessment shall be in addition to any fine imposed by sanctions.

**6 VAC 20-250-350. Appeals.**

A. The findings and the decision of the director may be appealed to the board provided that written notification is given to the attention of the Director, Department of Criminal Justice Services within 30 days following the date notification of the hearing decision was served, or the date it was mailed to the respondent, whichever occurred first. In the event the hearing decision is served by mail, three days shall be added to that period. (Rule 2A:2 of Rules of the Virginia Supreme Court.)

**6 VAC 20-250-360. Court review; appeal of final agency order.**

The agency's final administrative decision (final agency orders) may be appealed. Any person affected by, and claiming the unlawfulness of the agency's final case decision, shall have the right to direct review thereof by an appropriate and timely court action. Such appeal actions shall be initiated in the circuit court of jurisdiction in which the party applying for review resides; save, if such party is not a resident of Virginia, the venue shall be in the city of Richmond, Virginia.

A. Notification shall be given to the attention of the Director, Department of Criminal Justice Services in writing within 30 days of the date notification of the board decision was served, or the date it was mailed to the respondent, whichever occurred first. In the event the board decision was served by mail, three days shall be added to that period. (Rule 2A:2 of Rules of the Virginia Supreme Court.)

B. During all judicial proceedings incidental to such disciplinary action, the sanctions imposed by the board shall remain in effect, unless the court issues a stay of the order.

/s/ Mark R. Warner  
Governor  
Date: May 2, 2005

VA.R. Doc. No. R05-221; Filed June 7, 2005, 1:42 p.m.

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# GOVERNOR

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## EXECUTIVE ORDER NUMBER 86 (2005)

### **THE GOVERNOR'S COMMISSION ON NATIONAL AND COMMUNITY SERVICE**

Mindful of the importance of national and community service, and by virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Section 2.2-134 of the Code of Virginia, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's Commission on Community and National Service, which was created in 2002.

The Commission is classified as a gubernatorial advisory commission in accordance with Section 2.2-2100 of the Code of Virginia.

The Commission shall be established to comply with the provisions of the National and Community Services Trust Act of 1993 and to advise the Governor and Cabinet Secretaries on matters related to promotion and development of national service in the Commonwealth of Virginia. The Commission shall have the following specific duties:

1. To advise the Governor, the Secretaries of Health and Human Resources, Education, Natural Resources, the Assistant to the Governor for Commonwealth Preparedness, and the Commissioner of the Department of Social Services on national and community service programs in Virginia and on fulfilling the responsibilities and duties prescribed by the federal Corporation for National Service.
2. To advise the Governor, the Secretaries of Health and Human Resources, Education, Natural Resources, the Assistant to the Governor for Commonwealth Preparedness, and the Commissioner of the Department of Social Services on the development, implementation, and evaluation of Virginia's Unified State Plan that outlines strategies for supporting and expanding national and community service throughout the Commonwealth.
3. To promote the expansion of AmeriCorps programs to meet Virginia's most pressing human, educational, environmental, and public safety needs.
4. To work collaboratively with Virginia Corps and the Governor's Citizen Corps initiative to promote volunteerism and public service throughout the Commonwealth.
5. To collaborate with the Virginia Department of Social Services and other public and private entities to recognize and call attention to the significant community service contributions of Virginia citizens and organizations.
6. To develop a plan for sustaining and increasing the number of Virginia service programs supported by the Corporation for National Service.

7. To promote and coordinate State programs offering opportunities for community service within the Commonwealth.

The Commission shall be comprised of no more than twenty-five voting members appointed by the Governor and serving at his pleasure. No more than 25 percent of voting members may be state employees.

The Governor may appoint additional persons at his discretion as ex-officio non-voting members. The voting members of the Commission shall elect the Chairman. Commission voting membership shall include representatives for the categories as outlined in federal regulations issued by the Corporation for National Service.

Such staff support as is necessary to support the Commission's work during the term of its existence shall be furnished by the Virginia Department of Social Services, and any other executive branch agencies having definitely and closely related purposes, as the Governor may designate. An estimated 2000 hours of staff time will be required to support the work of the Commission.

Funding necessary to support the Commission and its staff shall be provided from federal funds, private contributions, and state funds appropriated for the same purposes of the Commission, authorized by Section 2.2-135 of the Code of Virginia. Direct costs for this Commission are estimated at \$10,000. Members of the Commission shall serve without compensation and shall receive reimbursement for expenses incurred in the discharge of their official duties.

The Commission shall meet at least quarterly upon the call of the Chairperson. The Commission shall make an annual report to the Governor and shall issue such other reports and recommendations as it deems necessary or as requested by the Governor.

This Executive Order shall be effective upon its signing and shall remain in force and effect until May 24, 2006, unless amended or rescinded by further executive order.

Given under my hand and under the seal of the Commonwealth of Virginia this 24th day of May, 2005.

/s/ Mark R. Warner  
Governor

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# GENERAL NOTICES/ERRATA

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## DEPARTMENT OF ENVIRONMENTAL QUALITY

### Availability of Data – Presence of Toxic Contaminants in Fish Tissue and Sediments

Pursuant to § 62.1-44.19:6 A 3 of the Code of Virginia, the Virginia Department of Environmental Quality (DEQ) is giving notice that new data concerning the presence of toxic contaminants in fish tissue and sediments are available for the fish and sediment monitoring performed by DEQ in the calendar year 2004. The routine fish and sediment monitoring in 2004 was performed at selected sites in the New River drainage and the Potomac River Drainage, and at special sites in Beaver Creek, Knox Creek, Smith Mountain Lake, Dragon Swamp, the Great Dismal Swamp and Blackwater River as well as several smaller water bodies. Data for the fish and sediment samples collected in 2004 that have been received from the lab as of June 1, 2005, are posted on the DEQ website at [www.deq.virginia.gov/fishtissue/fishtissue.html](http://www.deq.virginia.gov/fishtissue/fishtissue.html). The remaining data from the 2004 collections will be posted on this website in the near future, soon after receipt from the analytical lab. For additional information contact Alex Barron directly at (804) 698-4119, or e-mail [ambarron@deq.virginia.gov](mailto:ambarron@deq.virginia.gov), or call toll free 1-800-592-5482 and request Mr. Barron.

### Total Maximum Daily Loads (TMDLs) for Beaver Creek

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation seek written and oral comments from interested persons on the development of total maximum daily loads (TMDLs) for Beaver Creek in Rockingham County. This stream was listed on the 2002 303(d) TMDL Priority List and Report as impaired due to violations of the state's general standard (benthic) for aquatic life, the state's water quality standard for temperature, and the state's water quality standard for bacteria. These impairments extend from the headwaters to the confluence with the North River for a total of 5.57 miles.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report. Through the TMDL process, new data was collected that indicated improvement in the benthic community to a nonimpaired status. DEQ has removed the general standard (benthic) impairment from the 303(d) list, based on this new information. This delisting was approved by the U.S. Environmental Protection Agency in April 2005. Information gained through the TMDL process has also led to the proposed revision of the water quality standards to clarify the extent of the stockable trout designation on Beaver Creek. This revision to the water quality standards will remove the 303(d) listed temperature impairment.

A final public meeting on the development of a TMDL for the remaining bacterial impairment will be held on Tuesday, July

12, 2005, 7 p.m. at Ottobine Elementary School, 8646 Waggy's Creek Road, Dayton, VA 22821.

A copy of the draft TMDL report addressing the Beaver Creek bacterial impairment will be available for review on or before July 5, 2005, on the DEQ website at <http://www.deq.state.va.us/tmdl/tmdlrpts.html>. The public comment period for the draft report and the meeting will end on August 12, 2005. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Robert Brent, Department of Environmental Quality, 4411 Early Road, P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7848, FAX (540) 574-7878, or e-mail [mbrent@deq.virginia.gov](mailto:mbrent@deq.virginia.gov).

### Total Maximum Daily Load (TMDL) for Gloucester County

The Department of Environmental Quality (DEQ), Virginia Department of Health (VDH) and the Department of Conservation and Recreation seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria in 16 shellfish propagation waters located in Gloucester County, Virginia.

The impaired segments are located in VDH Growing Area 42 containing the North River, Green Mansion Creek, Blackwater Creek, Elmington Creek and Back Creek, VDH Growing Area 43 containing the Ware River and Fox Mill Run, Growing Area 44 including the Severn River and several tributaries, Growing Area 45 including Monday Creek and Brown's Bay, and Growing Area 46 including Sarah Creek and the Perrin River. All waters are tributaries to Mobjack Bay and Chesapeake Bay.

The affected water body segments are identified in Virginia's 1998 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria in shellfish waters. Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia, require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report.

This is the first public meeting to provide information and solicit participation of citizens and local government in the development of the fecal coliform TMDL's to be held on July 12, 2005, from 7 p.m. to 9 p.m. at the Page Middle School, 5628 George Washington Memorial Highway, Gloucester, Virginia 23061. Directions can be obtained by calling Chester Bigelow at (804) 698-4554 or Amanda Wallace at (804) 693-5730.

The public comment period will begin on July 13, 2005, and end on August 11, 2005. Questions or information requests should be addressed to Chester Bigelow and should include the name, address, and telephone number of the person submitting the comments. Requests should be sent to Chester Bigelow, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23240, telephone (804) 698-

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## General Notices/Errata

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4554, FAX (804) 698-4116, or e-mail  
ccbigeLOW@deq.virginia.gov.

### **Total Maximum Daily Load (TMDL) for Mathews County**

The Department of Environmental Quality (DEQ), Virginia Department of Health (VDH) and the Department of Conservation and Recreation seek written and oral comments from interested persons on the development of a total maximum daily load (TMDL) for fecal coliform bacteria in seven shellfish propagation waters located in Mathews County, Virginia.

The impaired segments are located in VDH Growing Area 41 containing the East River and Put-in Creek, and VDH Growing Area 42 containing the North River, Green Mansion Creek, Blackwater Creek, Elmington Creek and Back Creek. All waters are tributaries to Mobjack Bay and Chesapeake Bay.

The affected water body segments are identified in Virginia's 1998 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria in shellfish waters. Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia, require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report.

This is the first public meeting to provide information and solicit participation of citizens and local government in the development of the fecal coliform TMDL's to be held on July 14, 2005, from 7 p.m. to 9 p.m. at the Williams Wharf located off of Route 614 on Williams Wharf Road, Mathews, Virginia 23061. Directions can be obtained by calling Chester Bigelow at (804) 698-4554 or Lynda Smith Greve at (804) 725-9685.

The public comment period will begin on July 15, 2005, and end on August 12, 2005. Questions or information requests should be addressed to Chester Bigelow and should include the name, address, and telephone number of the person submitting the comments. Requests should be sent to Chester Bigelow, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, or e-mail ccbigeLOW@deq.virginia.gov.

### **Total Maximum Daily Load (TMDL) for the City of Poquoson and York County**

The Department of Environmental Quality (DEQ), Virginia Department of Health (VDH) and the Department of Conservation and Recreation seek written and oral comments from interested persons on the development of a total maximum daily load (TMDL) for fecal coliform bacteria in shellfish propagation waters located in the City of Poquoson and York County, Virginia.

The impaired segments are located in VDH Growing Area 53 containing:

Growing Area 53 -137A	Poquoson River: Chisman Creek
Growing Area 53 -137B	Patrick's Creek
Growing Area 53 -137C	Poquoson River
Growing Area 53 -137D	Lambs Creek
Growing Area 53 -137E	Poquoson River: Roberts Creek
Growing Area 53 -137F	Lyons Creek
Growing Area 53 -137G	White House Creek
Growing Area 53 -137H	Bennett Creek
Growing Area 53 -137I	Easton Cove
Growing Area 53 -151	Back Creek

All waters are tributaries to Chesapeake Bay.

The affected water body segments are identified in Virginia's 1998 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria in shellfish waters. Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia, require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report.

This is the first public meeting, to provide information and solicit participation of citizens and local government in the development of the fecal coliform TMDL's to be held on July 20, 2005, from 7 p.m. to 9 p.m. at the Poquoson Public Library, Main Conference Room, 500 City Hall Avenue, Poquoson, Virginia 23662-1996. Directions can be obtained by calling Chester Bigelow at (804) 698-4554.

The public comment period will begin on July 21, 2005, and end on August 22, 2005. Questions or information requests should be addressed to Chester Bigelow and should include the name, address, and telephone number of the person submitting the comments. Requests should be sent to Chester Bigelow, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, or e-mail ccbigeLOW@deq.virginia.gov.

## **STATE CORPORATION COMMISSION**

May 25, 2005

Administrative Letter 2005-01

To: All Licensed Property and Casualty Insurers, Rate Service Organizations and Residual Market Mechanisms in Virginia

Re: Withdrawal of Administrative Letters 1987-11 and 1989-10; Revised Rate Certification Forms DR/COF (05/05) for Use with Filings Subject to the Prior-Approval Provisions of Chapter 20 of Title 38.2 of the Code of Virginia and COF-1 (05/05) for Use with Filings Subject to the File-and-Use Provisions of Chapter 19 of Title 38.2 of the Code of Virginia

This administrative letter announces several changes regarding certification forms required to be submitted with rate-related filings in Virginia. Administrative Letters 1987-11

and 1989-10, which include obsolete actuarial certification forms, are hereby withdrawn.

### Rate-Related Filings Subject to the File-and-Use Provisions of Chapter 19 of Title 38.2

Filers should immediately begin using the attached new certification form, COF-1 (05/05), with rate-related filings subject to the file-and-use provisions of Chapter 19 of Title 38.2 of the Code of Virginia. The Bureau will continue to accept the previous actuarial certification form, COF-1 (7/87) until August 1, 2005. However, as of August 1, 2005, filers will be required to use the new form.

Form COF-1 (05/05) must be completed and submitted with all filings that include rates or supplementary rate information subject to the file-and-use provisions of Chapter 19 of Title 38.2-of the Code of Virginia.

### Rate-Related Filings Subject to the Prior-Approval Provisions of Chapter 20 of Title 38.2

Filers should immediately begin using the attached new certification form, DR/COF (05/05), with rate-related filings subject to the prior-approval provisions of Chapter 20. In addition to completing the rate certification form, filers are required to submit the supporting information described in the document in order to satisfy the provisions of § 38.2-2003 of the Code of Virginia. The Bureau will continue to accept the previous actuarial certification form, DR/COF (5/89), until August 1, 2005. However, as of August 1, 2005, filers will be required to use the new form.

Form DR/COF (05/05) must be completed and submitted with all filings that include rates or supplementary rate information subject to the prior-approval provisions of Chapter 20 of Title 38.2 of the Code of Virginia. Currently, home protection insurance, credit property insurance, credit involuntary unemployment insurance, and coverage provided by the Virginia Automobile Insurance Plan, the Virginia Property Insurance Association, and the Virginia Workers' Compensation Insurance Plan are subject to prior-approval rate regulation.

Questions pertaining to Administrative Letter 2005-01 should be directed to the Property and Casualty Division's Rates and Forms Sections at (804) 371-9965 (Personal Lines) and (804) 371-9298 (Commercial Lines).

/s/ Alfred W. Gross  
Commissioner of Insurance

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# GENERAL NOTICES/ERRATA

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## Virginia Rate/Loss Cost Certification Form for Use with File and Use Filings (Filings Subject to Chapter 19 of Title 38.2 of the Code of Virginia)

Certification of

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Name of Insurance Company/Organization

Filing being certified: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

I, being a qualified actuary, certify that appropriate consideration has been given in this filing to the applicable factors specified in subsections A and B of § 38.2-1904 of the Code of Virginia. For the purpose of this certification, a qualified actuary is defined as [1] a member in good standing of the American Academy of Actuaries, [2] a fellow or associate of the Casualty Actuarial Society, or [3] an individual who has both the educational background necessary for the practice of actuarial science and at least four years of property and casualty actuarial experience.

I am a qualified actuary in accordance with [1] , [2] , or [3]  above.

It is understood that the Bureau of Insurance will rely on this certification and, should it be determined that the rates, loss costs, and/or supplementary rate information submitted in this filing do not comply with the provisions of § 38.2-1904 or that this certification is materially false or incorrect, appropriate corrective and/or disciplinary action, as authorized by law, will be taken by the Bureau of Insurance.

Name of qualified actuary: \_\_\_\_\_

Title of qualified actuary: \_\_\_\_\_

Signature of qualified actuary: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Virginia  
Rate Certification Form for Use with Prior Approval Filings  
(Filings Subject to Chapter 20 of Title 38.2 of the Code of Virginia)**

Certification of

\_\_\_\_\_  
Name of Insurance Company/Organization

Filing being certified: \_\_\_\_\_

\_\_\_\_\_

Proposed effective date: \_\_\_\_\_

I, being a qualified actuary, certify that (i) the data and analysis submitted in the filing is accurate and reliable; (ii) appropriate consideration has been given to the provisions of § 38.2-2005 of the Code of Virginia; (iii) the filing identified above is not in conflict or inconsistent with the applicable provisions of § 38.2-2005; and (iv) the filing includes the information required by § 38.2-2003 of the Code of Virginia as outlined in the Uniform Statement of Supporting Documentation included as pages two and three of this rate certification form. For the purpose of this certification, a qualified actuary is defined as [1] a member in good standing of the American Academy of Actuaries, [2] a fellow or associate of the Casualty Actuarial Society, or [3] an individual who has both the educational background necessary for the practice of actuarial science and at least four years of property and casualty actuarial experience.

I am a qualified actuary in accordance with [1] , [2] , or [3]  above.

It is understood that the Bureau of Insurance will rely on this certification and, should it be determined that the rates and/or supplementary rate information submitted in this filing do not comply with the provisions of § 38.2-2005 or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Bureau of Insurance.

Further, the signature below certifies that the Division of Consumer Counsel of the Office of the Attorney General has been given notice of this filing as required by subsection A of § 38.2-2003.

Name of qualified actuary: \_\_\_\_\_  
Title of qualified actuary: \_\_\_\_\_  
Signature of qualified actuary: \_\_\_\_\_  
Date: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Uniform Statement of Supporting Documentation

The following information must be provided in an actuarial memorandum that accompanies the filing:

1. a general description of the filing (i.e., a list of all proposed changes to rates and rating factors and, if applicable, the current and proposed territory base rates for each coverage for which a rate level change is being proposed, the current and proposed territory definitions for each rating territory for which a change in definition is being proposed, and the current and proposed rating factors for each set of rating elements for which a change is being proposed);
2. the proposed effective dates for new business and renewal business;
3. actuarially based rate level indications to support the proposed rate level changes by coverage, including the underlying data, assumptions, and derivation of each of the following components of the indications:
  - a) premiums adjusted to the current rate level,
  - b) premium trend,
  - c) losses and allocated loss adjustment expense (ALAE, which is now referred to as defense and cost containment expense) developed to an ultimate basis including the loss development triangles and the selected loss development factors,
  - d) losses and ALAE adjusted to reflect prospective cost levels, including selected trend factors,
  - e) any adjustments made for large, catastrophic, or weather-related losses,
  - f) any adjustments made to reflect the credibility of the experience,
  - g) expense provisions - support, including five years of expense history for each expense provision including unallocated loss adjustment expense (ULAE, which is now referred to as claim adjustment service) with an explanation if the expenses underlying the expected loss ratio or expense multiplier vary from the company's historical expenses (recognition should be given to fixed and variable expense components), and
  - h) profit and contingency provision - support based on the most recent data available to the filer, including rationale for the target rate of return (if applicable), and an explanation (including underlying calculations, data, and assumptions) of how investment income was considered;
4. actuarial support and any other considerations for any proposed changes in rating factors or class definitions; i.e., territory definitions or relativities, class plan definitions or relativities, increased limit factors, deductible factors, discounts, surcharges, etc., reflecting the filer's experience to the extent credible.

If the filer is proposing rates, rating factors, discounts/surcharges, class/territory

definitions, etc. that are based on those currently in effect in Virginia for another insurance company(ies) or rating organization, provide the rates, rating factors, discounts/surcharges, class/territory definitions, etc. of that other company(ies), and explain how the filer has considered possible differences in coverage offered, underwriting standards, claim practices, expenses, etc. between the filer's company/organization and the referenced company(ies);

5. in providing the information in (2) and (3) above:
  - a) explain all differences from the ratemaking procedures employed in the filer's last rate filing in Virginia, and
  - b) clearly describe or label the type of information used (e.g., calendar year, policy year, or accident year; basic limits or total limits; Virginia or countrywide; by coverage or all coverages combined; etc.);
6. provide rationale for any proposed rate level change, by coverage or overall, that differs from the indicated change;
7. the derivation of the estimated overall premium effect of any proposed changes to a rating factor or definition, including the consideration that has been given to each of these effects in calculating the overall proposed rate level change;
8. any additional information that may be helpful to the Bureau in its review of this filing (for example, if the filer has undergone changes in its operations that affect its expense provision, then this information should be provided.);
9. the length of time the proposed rates are expected to remain in effect;
10. a description of the risk that will receive the largest rate increase and a description of the risk that will receive the largest rate decrease as a result of the changes proposed in the filing. (Include the amount of the rate change for each risk described.);
11. as applicable, provide an explanation as to how changing market share was considered in the calculation of the proposed rate level change;
12. an estimate of the number and percent of exposures that will receive a rate increase in excess of 15% due to the changes proposed in the filing; and
13. if someone other than the authorized representative signing the rate certification form is the individual to whom questions concerning the filing should be addressed, provide the name, address, telephone number, and fax number of that individual.

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# General Notices/Errata

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May 25, 2005

Administrative Letter 2005-02

To: All Licensed Property and Casualty Insurers and Rate Service Organizations

Re: Insurers Are No Longer Required to Implement Filings on a Policy Effective Date Basis; Withdrawal of Administrative Letters 1983-10, 1984-2, and 1990-3

Effective immediately insurers are no longer required to implement filings on a "policy effective date" basis. However, insurers are permitted to continue to use the "policy effective date" basis as the method of implementation.

The following requirements apply regardless of the method of implementation:

- Each filing must continue to include the date of implementation and the method of implementation selected.
- The selected method of implementation must be specific and be applied consistently within each company named in the filing.
- The selected method of implementation must comply at all times with all of the provisions of Title 38.2 of the Code of Virginia.

In addition, insurers will now be permitted to file rules that allow the company to calculate premiums for a new exposure or coverage using the rates that are in effect at the time that the new exposure or coverage is being added to the policy.

Further, none of the provisions of this letter apply to workers' compensation filings. Filers should refer to Administrative Letter 2005-03 for information regarding workers' compensation filings. Administrative Letters 1983-10, 1984-2, and 1990-3, which established positions that are no longer applicable, are hereby withdrawn.

Questions pertaining to Administrative Letter 2005-02 should be directed to the Property and Casualty Division's Rates and Forms Sections at (804) 371-9965 (Personal Lines) and (804) 371-9298 (Commercial Lines).

/s/ Alfred W. Gross  
Commissioner of Insurance

May 25, 2005

Administrative Letter 2005-03

TO: All Insurers Licensed to Write Workers' Compensation Insurance In Virginia

RE: Revised Form WC LC VA for Insurer Adoption of Workers' Compensation Loss Costs Filed by the National Council on Compensation Insurance

Insurer Expense Multiplier Filings and Related Rules

This administrative letter introduces an improved adoption form, WCLC-VA (05/05), for use in filing insurer expense multipliers and related rules and supplementary rate information for workers' compensation insurance.

Administrative Letter 1993-18, which included the original adoption form, WCLC-VA, is hereby withdrawn.

The National Council on Compensation Insurance (NCCI) files loss costs for the voluntary workers' compensation insurance market on behalf of all insurers licensed to write this coverage in Virginia. Such loss costs supersede previously-approved loss costs and must be used by all insurers for policies effective on or after the effective date prescribed in the State Corporation Commission's approval order. A given insurer's workers' compensation rates will then be the approved NCCI loss costs modified by that insurer's filed expense multiplier. Expense multiplier filings are accepted on a file-and-use basis and apply to policies effective on or after the requested effective date or the date received by the Bureau, whichever is later. Insurers may not file to delay or change the implementation date of the approved NCCI loss costs.

In addition to its expense multiplier, each insurer must also file any expense constant, premium discount table, or minimum premium formula that will be used in rating workers' compensation policies. Insurers using the NCCI small deductible plan must file the variable expense multiplier and safety factor that will be used to calculate deductible credits. Insurers writing retrospectively-rated policies must file the values used in premium calculation, including expected loss ratios, tax multipliers, tables of expense ratios, excess loss premium factors, and loss development factors. Each insurer must also file a drug-free workplace premium discount rule in compliance with § 65.2-813.2 of the Code of Virginia. These filings are accepted on a file-and-use basis. Any exceptions to the approved NCCI manual of rules must also be filed. Insurers should not re-file rules already filed on their behalf by NCCI.

Insurers are required to use the attached form WCLC-VA (05/05) to file new or revised expense multipliers, as well as the other rating elements outlined above. Insurers should file only the pages being changed. Pages not being amended need not be re-filed. Rate certification form COF-1 (05/05) must also be completed and submitted with each filing (see Administrative Letter 2005-01).

An insurer electing to file expense multipliers that vary by classification code may file its primary multiplier and up to 27 exceptions by class by listing the primary multiplier and exceptions on page one of form WCLC-VA (05/05). Any insurer electing to file more than 27 exceptions to its primary expense multiplier must submit the material on a computer diskette or compact disc. Please contact the Bureau of Insurance at (804) 371-9298 for formatting instructions.

Any modification of, or deviation from, the approved NCCI loss costs (other than the filed expense multiplier) is deemed to be a filing of independent workers' compensation insurance rates and is, therefore, subject to the 60-day delayed-effect provisions of § 38.2-1912 of the Code of Virginia. Exceptions to NCCI rules that impact premiums will also be deemed to be independent rate filings subject to the delayed-effect statute. In addition, large deductible plans for workers' compensation insurance are subject to the 60-day delayed-effect provisions of § 38.2-1912 unless exempted from filing requirements by

§ 38.2-1903. Section 38.2-1903 also sets forth exemption criteria for certain retrospective rating plans.

Questions regarding workers' compensation insurance rate filings may be directed to the Bureau of Insurance, Property and Casualty Division, Commercial Casualty Rates and Forms Section, at (804) 371-9298.

/s/ Alfred W. Gross  
Commissioner of Insurance

**WORKERS' COMPENSATION INSURANCE  
EXPENSE MULTIPLIER FILING**

INSURER NAME: \_\_\_\_\_ NAIC NUMBER: \_\_\_\_\_

SELECTED PRIMARY EXPENSE MULTIPLIER: \_\_\_\_\_

The above insurer hereby declares that it is a member or subscriber of the National Council on Compensation Insurance (NCCI) and files to be deemed to have independently submitted as its own filing the approved prospective loss costs filed on its behalf by NCCI.

For policies effective on or after \_\_\_\_\_, the insurer's rates will be the combination of the applicable NCCI loss costs and the insurer's selected expense multiplier along with any expense constant, premium discount table, and minimum premium formula specified in the insurer's attached manual exception pages. The selected multiplier(s), along with any expense constant, premium discount table, and minimum premium formula filed, represent a rate level \_\_\_\_ increase or \_\_\_\_ decrease of \_\_\_\_\_%, and a premium level \_\_\_\_ increase or \_\_\_\_ decrease of \_\_\_\_\_%.

The selected multiplier(s) and the attached exception pages apply to the applicable NCCI loss costs, including every subsequently approved NCCI loss costs filing on its effective date.

Note: The selected expense multiplier shown at the top of this page is the insurer's sole multiplier unless exceptions are noted below or provided in electronic format. If exceptions are noted, the expense multiplier shown above is the insurer's primary multiplier, applicable to all classifications not included in the insurer's exceptions. Exceptions in excess of 27 must be filed on a computer diskette or compact disc.\*

Exceptions, if any, to the insurer's primary expense multiplier are as follows:

<u>Class Code</u>	<u>Multiplier</u>	<u>Class Code</u>	<u>Multiplier</u>	<u>Class Code</u>	<u>Multiplier</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* If there are more than 27 exceptions, do not list them above.  
\_\_\_\_ Exceptions are in excess of 27 and, as required, are filed using the attached  
\_\_\_\_ diskette or \_\_\_\_ compact disc.

SUMMARY OF SUPPORTING INFORMATION  
WORKERS' COMPENSATION EXPENSE MULTIPLIER

INSURER: \_\_\_\_\_ NAIC NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF MULTIPLIER: \_\_\_\_\_

Development of Expected Loss ratio:

- a. Total Production Expense \_\_\_\_\_ %
- b. General Expense \_\_\_\_\_ %
- c. Taxes, Licenses and Fees \_\_\_\_\_ %
- d. Underwriting Profit and Contingencies \_\_\_\_\_ %
- e. Residual Market Costs \_\_\_\_\_ %
- f. Other (Explain) \* \_\_\_\_\_ %

\* \_\_\_\_\_  
g. Total \_\_\_\_\_ %

Expected Loss Ratio (100% – g) in decimal form: \_\_\_\_\_

Indicated Insurer Loss Costs Multiplier (1.00/ELR): \_\_\_\_\_ \*\*

Selected Insurer Primary Loss Costs Multiplier: \_\_\_\_\_ \*\*\*

\*\*Multipliers must be expressed as a factor to be applied to loss costs (e.g. 1.25)

\*\*\*Explain any differences between the indicated and selected multiplier below:

\_\_\_\_ Competitive Reasons  
\_\_\_\_ Other (explain) \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTE: If an insurer makes any modification to the approved NCCI loss costs (other than the application of an expense multiplier to represent the insurer's expenses, profit and contingencies), the resulting rates will be deemed to be independent rates and shall be subject to the 60 day delayed-effect provisions of § 38.2-1912 of the Code of Virginia, as provided by § 38.2-1906 E.

**SUMMARY OF ATTACHED MANUAL EXCEPTION PAGES**

*(Check all that apply)*

- Expense Constant
- Premium Discount Table
- Minimum Premium Formula
- Drug-Free Premium Discount Rules

Small Deductible Plan:

- Variable Expense Multiplier
- Safety Factor

Retrospective Rating Values:

- Expected Loss Ratio (ELR) Factor
- Tax Multiplier
- Table of Expense Ratios (insurers must file the table)
- Excess Loss Premium Factors
- Retrospective Premium Development Factors

Other (explain):

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**NOTE:** *Please attach exception pages only for values being changed or filed for the first time. These values remain filed until withdrawn or changed; therefore, it is not necessary to re-file values that are not being changed. A completed and signed rate certification form COF-1 (05/05) must be attached whenever this form, WCLC VA (05/05), is filed.*

**DEFINITIONS**

**The following are commonly accepted definitions for use with Form WCLC VA:**

**Expense Multiplier:** total production expenses, general expenses, taxes, licenses and fees, underwriting profit and contingencies and other expenses (excluding loss adjustment expenses)

**Total Production Expenses:** commission and brokerage and other expenses associated with production, sales, field supervision, advertising and collection

**General Expenses:** payroll, rent, board and bureau fees, pensions and employee benefits

**Taxes, Licenses and Fees:** premium taxes, fire programs fund assessment, maintenance assessment of the Bureau of Insurance, payroll taxes, guaranty fund assessments, etc.

**Underwriting Profit and Contingences:** investment income, riskiness, cost of capital, surplus, competitive considerations

**Other Expenses:** expenses not included above (must be described)

**Loss Costs:** historical aggregate losses and loss adjustment expenses projected through development to their ultimate value and through trending to a future point in time (loss costs do not include provisions for profit or expenses other than loss adjustment expenses)

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# General Notices/Errata

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May 27, 2005

Administrative Letter 2005-10

TO: All Insurers and Other Interested Parties

RE: Legislation Enacted by the 2005 Virginia General Assembly

We have attached for your reference summaries of certain statutes enacted or amended and re-enacted during the 2005 Session of the Virginia General Assembly. The effective date of these statutes is July 1, 2005, except as otherwise indicated in this letter. Each organization to which this letter is being sent should review the summaries carefully and see that notice of these laws is directed to the proper persons, including appointed representatives, to ensure that appropriate action is taken to effect compliance with these new legal requirements. Copies of individual bills may be obtained at <http://legis.state.va.us>. You may enter the bill number (not the chapter number) on the Virginia General Assembly Home Page, and you will be linked to the Legislative Information System. You may also link from the Legislative Information System to any existing section of the Code of Virginia. All statutory references made in the letter are to Title 38.2 (Insurance) of the Code of Virginia unless otherwise noted.

Please note that this document is a summary of legislation. It is neither a legal review and interpretation nor a full description of the legislative amendments affecting insurance-related laws during the 2005 Session. Each organization is responsible for legal review of the statutes pertinent to its operations.

/s/ Alfred W. Gross  
Commissioner of Insurance

## PROPERTY AND CASUALTY BILLS

### Chapter 95 (House Bill 2219)

This bill amends subsection F of § 38.2-1906 by clarifying that an insurer may cap certain renewal rates for policies acquired from another insurer pursuant to a written agreement of acquisition, merger, or sale that transfers all or part of the other insurer's book of business.

### Chapter 192 (House Bill 2681)

This bill adds a new section (§ 38.2-324) to Chapter 3 (Provisions Relating to Insurance Policies) to permit insurers or agents to disclose to the Department of Emergency Management certain information obtained from policyholders or others regarding claims or reports of property damage resulting from a natural disaster as defined in § 44-146.16. Such information may also be given to other state, federal, or local government officials. The information may not identify the names or addresses of the persons whose property is damaged and may include only aggregated data that relates to the assessment of the damage from a natural disaster, such as the number of claims, estimates of the dollar amount

of damage, and types of damage, for a specified geographic area.

### Chapter 251 (Senate Bill 913)

This bill amends § 38.2-1903.1 to change the criteria that establish what is considered a large commercial insurance risk. In addition to having a risk manager, the insured must meet at least two additional criteria in order to be a large commercial risk. The following criteria (all but existing § 38.2-1903.1 C 2 F) were amended:

- a. Possesses a net worth in excess of \$2 million (currently \$10 million);
- b. Generates annual revenues in excess of \$2 million (currently \$25 million);
- c. Employs more than 10 full-time or full-time equivalent employees per individual insured (currently 80 full-time or full-time equivalent employees);
- d. Pays annual aggregate nationwide insurance premiums in excess of \$25,000 (currently at \$100,000); and
- e. Is a not-for-profit organization or public body, generating annual budgeted expenditures of at least \$5 million (currently \$10 million).

### Chapter 290 (House Bill 1882)

This bill amends §§ 38.2-231 and 38.2-2200 to require insurers that issue policies of miscellaneous casualty insurance to a business entity to comply with the notice requirements of § 38.2-231 pertaining to cancellations, non-renewals, rate increases, and reductions in coverage. The bill also requires that policies which indemnify against liability for injury to a person's economic interests must be subject to the provisions of § 38.2-2200 pertaining to insolvency, bankruptcy, and unsatisfied judgments.

### Chapter 445 (House Bill 1663)

This bill adds § 46.2-684.1 to the Motor Vehicle Code to allow unregistered vehicles, including unregistered farm vehicles, to be insured under a policy other than a motor vehicle insurance policy (such as a general liability or a farm liability policy). If coverage is provided under a general liability or a farm liability policy, such policy does not have to comply with the provisions of Chapter 22 of Title 38.2 (for example, uninsured motorist coverage does not have to be provided, medical expense coverage does not have to be offered, and the omnibus clause will not apply).

### Chapter 635 (House Bill 2410)

This bill amends § 38.2-231 to require insurers of commercial liability and commercial automobile insurance policies to provide a notice to the named insured when there has been a premium increase (rather than a rate increase) greater than 25%. The bill states that the premium increase is determined by comparing the difference between the renewal premium and the premium charged by the insurer at the effective date of the expiring policy. Under the bill, the insurer must advise the named insured of the right to obtain from the agent or the insurer that the specific reason for the increase and the

amount of the increase, or in the case of a reduction in coverage, the specific reason for the reduction and the manner in which coverage will be reduced. Additionally, medical malpractice insurers must provide at least 90 days' notice when the policy is being terminated or when the premium is being increased by more than 25%, except that at least 15 days' notice must be given when the policy is being terminated for non-payment of premium.

**Chapter 649 (House Bill 2659)**  
**Chapter 692 (Senate Bill 1173)**

This bill adds § 38.2-2228.2 to Chapter 22 (Liability Insurance Policies) to require that all medical malpractice claims settled or adjudicated to final judgment, as well as, all claims closed without payment, must be reported annually to the Commission. These must be reported by the insurer and must be reported electronically. A statistical summary must be provided as well as individual reports on each claim. The bill requires the reports to be filed by July 1 of the year following the applicable calendar year, but the report containing data for Calendar years 2002, 2003, and 2004 must be filed by September 1, 2005.

**Chapter 771 (Senate Bill 1260)**

This bill amends § 38.2-2204 to specify that an insurer may limit its liability to the policy's limits for any accident or occurrence or for any one person regardless of the number of insureds under the policy. When one accident or occurrence involves more than one defendant who is covered by the policy, however, the plaintiff may recover the per person limit of the policy against each such defendant, subject to the per accident or occurrence limit of the policy.

**Chapter 848 (House Bill 2821)**

This bill amends § 38.2-4608 to allow title insurers and title agents to charge risk rates that they negotiate with potential insureds. The bill states that such negotiated rates are presumed not to be unfairly discriminatory and do not violate § 38.2-509 (Virginia's anti-rebating statute) if the rates otherwise comply with subsection A of § 38.2-4608.

**Chapter 872 (House Bill 814)**

This bill amends § 38.2-2114 to require that a policy written to insure an owner-occupied dwelling may not be non-renewed solely due to an inquiry from an insured about his coverage or policy provisions. An inquiry is defined to mean a written or oral communication by an insured seeking information regarding coverage or policy provisions that does not notify the insurer of a loss, incident, or accident and that does not provide information indicating an increase in the hazard insured against. The bill further prohibits insurers from reporting inquiries to consumer reporting agencies or insurance support organizations.

## TITLE INSURANCE BILLS

**Chapter 734 (Senate Bill 875)**  
**Chapter 780 (House Bill 1586)**

The bills add § 6.1-2.23:2 to the Consumer Real Estate Settlement Protection Act (CRESPA). Section 6.1-2.23:2

prohibits settlement agents from charging any party to a real estate transaction, as a separate item on a settlement statement, a sum exceeding \$10 for complying with any requirement imposed on the settlement agent by §§ 58.1-316 or 58.1-317.

## FINANCIAL REGULATION BILLS

**Chapter 38 (Senate Bill 1059)**

The bill amends subsection A to 38.2-1057 to authorize the State Treasurer to assess an annual fee not to exceed one-fourth of one percent of the par or face value of the deposited securities or surety bonds (current law provides for a fee not to exceed one-tenth of one percent) against each insurer to cover the expense of holding deposits. The bill also adds a new subsection B to require that the assessments will be deposited in a special, nonreverting fund known as the Insurance Collateral Assessment Fund (Fund) administered by the State Treasurer. Any moneys remaining in the Fund at the end of the fiscal year will remain in the Fund and will be used to offset future years' expenses.

## LIFE AND HEALTH BILLS

**Chapter 335 (Senate Bill 864)**

This bill amends § 38.2-3430.3 to prohibit health insurance issuers from imposing affiliation periods on eligible individuals in the individual accident and sickness health insurance market. Such insurance is currently guaranteed to be available to eligible individuals with prior coverage in accordance with federal regulations issued under the Health Insurance Portability and Accountability Act.

**Chapter 349 (Senate Bill 1106)**

This bill amends and reenacts subsection B of § 38.2-3407.15 (Ethics and Fairness in Business Practices) to require the insurance carrier, if the carrier as a matter of policy, bundles or downcodes claims submitted by a provider, to disclose that practice clearly in each provider contract. Further, such carrier shall either (i) disclose in its provider contracts or in its website the specific bundling and downcoding policies that the carrier reasonably expects to be applied to the provider or provider's services on a routine basis as a matter of policy or (ii) disclose in each provider contract a telephone or facsimile number or e-mail address that a provider can use to request the specific bundling and downcoding policies that the carrier reasonably expects to be applied to that provider or provider's services on a routine basis as a matter of policy. If a request is made by or on behalf of a provider, a carrier must provide the requesting provider with the policies within 10 business days following the date the request is received.

Subsection B is also revised to provide that no amendment to any provider contract or to any addenda, schedule, exhibit or policy applicable to the provider shall be effective unless the amendment has been delivered to the provider at least 60 days before the effective date and the provider has failed to notify the carrier within 30 days of receipt of the documentation of the provider's intention to terminate the

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## General Notices/Errata

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provider contract at the earliest date thereafter permitted under the provider contract.

All carriers must establish, in writing, their claims payment dispute mechanism and must make the information available to providers. The provisions of this bill apply to provider contracts that are entered into, amended, extended, or renewed on or after January 1, 2006.

### **Chapter 399 (House Bill 2143)**

The bill amends § 38.2-3407.14 by stating that the written notice of intent to increase the renewal premium by more than 35% shall be sent to a designated consultant or other agent of the group policyholder, contract holder, or subscriber if such group policyholder, contract holder, or subscriber requests in writing that the designated consultant or other agent receive the notice.

### **Chapter 503 (Senate Bill 1097)**

### **Chapter 572 (House Bill 1492)**

This bill amends various titles of the Code of Virginia to require, no later than July 1, 2006, that a high deductible health plan that would qualify for use with a health savings account (HSA) pursuant to § 223 of the Internal Revenue Code be one of the health care coverage options available for health insurance coverage. That portion of the bill that amends Title 38.2 requires the Department of Taxation and the State Corporation Commission to amend the Virginia Medical Savings Account Act to make it consistent with federal HSA legislation. The revised Virginia Health Savings Account Plan shall identify measures that will increase the utilization and efficacy of HSAs. Existing medical savings accounts may be converted to HSAs. Health Insurance carriers may offer high deductible health plans that qualify for and may be offered in conjunction with HSAs.

### **Chapter 640 (House Bill 2482)**

This bill amends various titles in the Code of Virginia to prohibit the use of an employee's social security number (SSN) as an identification number for coverage under the State Employee Health Plan. The bill prohibits the intentional communication of an individual's SSN to the public; printing an individual's SSN on any card required for the individual to access or receive products or services; requiring an individual to use his SSN to access an internet Website unless a password, unique personal identification number or other authentication device is also required to access the site; sending or causing to be sent or delivered any letter, envelope or package that displays a SSN on the face of the mailing envelope, or package, or from which a SSN is visible, on the outside or inside of the mailing envelope or package. The restriction of the use of SSNs does not prohibit the collection, use or release of a SSN permitted by the laws of the Commonwealth or the U. S. or the use of a SSN for internal verification or administrative purposes unless the use is prohibited by a state or federal statute, rule or regulation.

The law does not apply to public bodies as defined in § 2.2-3701 or records required to be open to the public, and is not to be construed to limit access to records pursuant to the Virginia Freedom of Information Act (§ 2.2-3700 et seq.)

The bill also prohibits the embedding of an encrypted or unencrypted SSN in or on a card or document, including, but not limited to, using a bar code, chip, magnetic strip, or other technology in place of removing the SSN. A violation of the provisions of the bill is a prohibited practice under the Virginia Consumer Protection Act (§ 59.1-196 et seq.)

For (i) health care providers, as defined in § 8.01-581.1 (ii) managers of pharmacy benefit plans; (iii) insurers as defined in § 38.2-100; (iv) corporations providing health services plans; (v) health maintenance organizations providing health care plans; or (vi) contractors of any such persons, the prohibition on use of SSNs on cards for access to services or products becomes effective January 1, 2006.

### **Chapter 656 (House Bill 2766)**

### **Chapter 698 (Senate Bill 1227)**

This bill amends § 38.2-301, the provision allowing a person to procure a contract on another person when there is "a beneficiary designated by the insured," if the beneficiary did not have an insurable interest in the insured when the contract was made. The measure provides that a lawful and substantial economic interest, which constitutes an insurable interest, is deemed to exist in parties to a contract for the purchase or sale of a business firm or in trustees of certain trusts. The measure does not apply to life insurance policies or contracts where, prior to December 31, 2004, a Virginia-headquartered charitable organization executed a nondisclosure and exclusivity agreement and was the holder of a charitable certificate issued prior to that date, if the policies or contracts are written on individuals who were donors to such a charitable organization or an organization under common control with the charitable organization. This bill is identical to SB 1227.

### **Chapter 739 (Senate Bill 904)**

This bill amends § 2.2-2818 (to make these provisions applicable to the health care coverage for state employees) and adds § 38.2-3407.13:2 to provide that when an insurer, health services plan or health maintenance organization (HMO) follows a policy of sending its claim payment to the insured, subscriber or enrollee for services from a non-participating physician or osteopath, the insurer, health services plan or HMO must (i) include language in the certificate or evidence of coverage that notifies the insured, subscriber or enrollee of the responsibility to apply the plan payment to the claim from the provider; (ii) include this language with any payment sent to the insured, subscriber or enrollee, and (iii) include the name and last known address of the non-participating provider on the evidence of benefits statement..

The provisions in § 38.2-3407.13:2 become effective on January 1, 2006 for any insurer, health services plan, or HMO that as of January 1, 2005 had no more than 500,000 insureds, subscribers or enrollees in Virginia; including enrollment of affiliated insurers, health services plans, or HMOs.

### **Chapter 871 (Senate Bill 1338)**

This bill amends § 38.2-3525, which currently allows group insurers to include dependent coverage for the spouse of an

insured group member; any child who is under the age of 19 years; any child who is a dependent and a full-time student under 25 years of age, without regard to whether such child resides in the same household as the insured group member, or any class of spouse and dependent children of each insured group member who so elects. Senate Bill 1338 allows coverage for any other class of persons as may be mutually agreed upon by the insurer and the group policyholder.

## STATE LOTTERY DEPARTMENT

### Director's Orders

The following Director's Orders of the State Lottery Department were filed with the Virginia Registrar of Regulations on June 2, 2005. The orders may be viewed at the State Lottery Department, 900 E. Main Street, Richmond, Virginia, or at the office of the Registrar of Regulations, 910 Capitol Street, 2nd Floor, Richmond, Virginia.

Final Rules for Game Operation:

Director's Order Number Twelve (05)

Virginia's Instant Game Lottery 652; "Money Maker/Double Pay" (effective 3/25/05)

Director's Order Number Thirty-Six (05)

Virginia's Instant Game Lottery 285; "Luck of the Dice" (effective 5/27/05)

Director's Order Number Thirty-Seven (05)

Virginia's Instant Game Lottery 663; "Super Cashword" (effective 5/27/05)

Director's Order Number Thirty-Eight (05)

Virginia's Instant Game Lottery 669; "Lightning 7's" (effective 5/27/05)

Director's Order Number Forty (05)

Virginia's Instant Game Lottery 657; "Cash Out" (effective 5/27/05)

Director's Order Number Forty-One (05)

Virginia's Instant Game Lottery 678; "Emerald Green 7's" (effective 5/27/05)

Director's Order Number Forty-Two (05)

Virginia's Instant Game Lottery 667; "Magic Wheel" (effective 5/27/05)

Director's Order Number Forty-Three (05)

Virginia's Instant Game Lottery 676; "Slots of 999's" (effective 5/25/05)

Director's Order Number Forty-Four (05)

Virginia's Instant Game Lottery 658; "21 Blackjack" (effective 5/27/05)

Director's Order Number Forty-Five (05)

Virginia's Instant Game Lottery 683; "Million Dollar Madness" (effective 5/27/05)

Director's Order Number Forty-Six (05)

Virginia's Instant Game Lottery 656; "Red Payline Cashword" (effective 5/27/05)

## STATE WATER CONTROL BOARD

### Proposed Consent Special Order for Midkiff Farm, Inc.

The Department of Environmental Quality, on behalf of the State Water Control Board, and Midkiff Farm, Inc. have agreed to a Consent Special Order in settlement of a civil enforcement action under the Virginia Pollution Abatement General Permit Regulation for Poultry Waste Management. The department will consider written comments relating to this order for 30 days, from June 27 until July 27, 2005. The comments must include name, address, and telephone number and can be e-mailed to [hfwaggoner@deq.virginia.gov](mailto:hfwaggoner@deq.virginia.gov) or mailed to Harry F. Waggoner, Department of Environmental Quality, South Central Regional Office, 7705 Timberlake Road, Lynchburg, VA 24502.

The order is available at [www.deq.state.va.us/enforcement/notices.html](http://www.deq.state.va.us/enforcement/notices.html) and at the above office during regular business hours. You may request copies from Mr. Waggoner by calling him at (434) 582-5120 x 6037.

## VIRGINIA CODE COMMISSION

### Notice to State Agencies

**Mailing Address:** Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, FAX (804) 692-0625.

### Forms for Filing Material for Publication in the Virginia Register of Regulations

All agencies are required to use the appropriate forms when furnishing material for publication in the Virginia Register of Regulations. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

**Internet:** Forms and other Virginia Register resources may be printed or downloaded from the Virginia Register web page: <http://register.state.va.us>.

### FORMS:

NOTICE of INTENDED REGULATORY ACTION-RR01  
NOTICE of COMMENT PERIOD-RR02  
PROPOSED (Transmittal Sheet)-RR03  
FINAL (Transmittal Sheet)-RR04  
EMERGENCY (Transmittal Sheet)-RR05  
NOTICE of MEETING-RR06  
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS-RR08  
RESPONSE TO PETITION FOR RULEMAKING-RR13  
FAST-TRACK RULEMAKING ACTION-RR14

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# CALENDAR OF EVENTS

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## Symbol Key

- † Indicates entries since last publication of the *Virginia Register*  
♿ Location accessible to persons with disabilities  
☎ Teletype (TTY)/Voice Designation

### NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the *Virginia Register* deadline may preclude a notice of such cancellation. If you are unable to find a meeting notice for an organization in which you are interested, please check the Commonwealth Calendar at [www.vipnet.org](http://www.vipnet.org) or contact the organization directly.

For additional information on open meetings and public hearings held by the standing committees of the legislature during the interim, please call Legislative Information at (804) 698-1500 or Senate Information and Constituent Services at (804) 698-7410 or (804) 698-7419/TTY☎, or visit the General Assembly web site's Legislative Information System (<http://leg1.state.va.us/lis.htm>) and select "Meetings."

VIRGINIA CODE COMMISSION

## EXECUTIVE

### BOARD OF ACCOUNTANCY

NOTE: CHANGE IN MEETING DATE

† June 27, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Suite 378, Richmond, Virginia.  
Charlottesville, Virginia.

Newport News, Virginia ♿ (Interpreter for the deaf provided upon request)

A teleconference meeting of the Education/Examination Committee to discuss general issues related to education and examination matters will be held in Richmond, Charlottesville and Newport News. If you wish to attend the meeting, please contact the board by email or telephone for specific directions to the location in Charlottesville or Newport News.

**Contact:** Nancy T. Feldman, Executive Director, Board of Accountancy, 3600 W. Broad St., Suite 378, Richmond, VA 23230, telephone (804) 367-8505, FAX (804) 367-2174, (804) 367-9753/TTY ☎, e-mail [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov).

June 29, 2005 - 10 a.m. -- Open Meeting

NOTE: CHANGE IN MEETING DATE

July 26, 2005 - 10 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Room 395, Richmond, Virginia. ♿  
(Interpreter for the deaf provided upon request)

A meeting to discuss general business matters. A public comment period will be held at the beginning of the meeting. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** Nancy Taylor Feldman, Executive Director, Board of Accountancy, 3600 W. Broad St., Suite 378, Richmond, VA 23230, telephone (804) 367-8505, FAX (804) 367-2174, (804) 367-9753/TTY ☎, e-mail [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov).

### BOARD OF AGRICULTURE AND CONSUMER SERVICES

NOTE: CHANGE IN MEETING DATE

July 13, 2005 - 2 p.m. -- Open Meeting

Eastern Shore Agricultural and Extension Center, 33446  
Research Drive, Painter, Virginia. ♿

A meeting to discuss issues related to Virginia agriculture and consumer services. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Roy Seward at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Roy E. Seward, Board Secretary, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 211, Richmond, VA 23219, telephone (804) 786-3538, FAX (804) 371-2945, e-mail [roy.seward@vdacs.virginia.gov](mailto:roy.seward@vdacs.virginia.gov).

### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

#### Virginia Egg Board

June 28, 2005 - 10 a.m. -- Open Meeting

Roanoke Hotel and Conference Center, 110 Shenandoah Avenue, Roanoke, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to (i) review the financial statements of the council; (ii) review the past year's educational, promotional, advertising and research activities; and (iii) review the promotional plans for FY 2005-2006. Public comment time will be reserved for 30 minutes.

**Contact:** Cecilia Glembocki, Executive Director, Virginia Egg Board, 911 Saddleback Court, McLean, VA 22102, telephone (703) 790-1984, FAX (703) 992-7741, e-mail [virginiaegg@cox.net](mailto:virginiaegg@cox.net).

## Virginia Small Grains Board

**July 20, 2005 - 8 a.m.** -- Open Meeting  
DoubleTree Hotel Richmond Airport, 5501 Eubank Road, Richmond, Virginia. 

A meeting to review FY 2004-2005 project reports and receive and approve the 2005-2006 project proposals. Minutes from the last board meeting and a current financial statement will be heard and will be subject to approval. Additionally, action will be taken on any other new business that comes before the group. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Philip T. Hickman at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786, e-mail [butch.nottingham@vdacs.virginia.gov](mailto:butch.nottingham@vdacs.virginia.gov).

## Virginia Wine Board

**June 29, 2005 - 11 a.m.** -- Open Meeting  
Virginia Department of Forestry, 900 Natural Resources Drive, Charlottesville, Virginia. 

A meeting to (i) approve the minutes of the last meeting held on March 30, 2005, (ii) review the board's financial statement, and (iii) discuss old business arising from the last meeting and any new business to come before the board. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact David Robishaw at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** David Robishaw, Board Secretary, Virginia Wine Board, 900 Natural Resources Dr., Suite 300, Charlottesville, VA 22903, telephone (434) 984-0573, FAX (434) 984-4156, e-mail [david.robishaw@vdacs.virginia.gov](mailto:david.robishaw@vdacs.virginia.gov).

## STATE AIR POLLUTION CONTROL BOARD

**July 7, 2005 - 10 a.m.** -- Public Hearing  
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to amend regulations entitled **9 VAC 5-50, New and Modified Stationary Sources; 9 VAC 5-60, Hazardous Air Pollutant Sources; and 9 VAC 5-80, Permits for**

**Stationary Sources (Rev. K04).** The purpose of the proposed action is to convert from a permit applicability approach that looks at the changes from a sourcewide perspective to determine applicability to an approach that looks at each physical or operational change to the source individually to determine applicability. Currently applicability is based on the net emissions increase in actual emissions based on all the sourcewide emissions changes directly resultant from the physical or operational change. The revised program would base permit applicability on the uncontrolled emissions from each individual physical or operational change to the source.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

**Contact:** Robert A. Mann, Director, Office of Air Regulatory Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4419, FAX (804) 698-4510 or e-mail [ramann@deq.virginia.gov](mailto:ramann@deq.virginia.gov).

## ALCOHOLIC BEVERAGE CONTROL BOARD

**July 5, 2005 - 9 a.m.** -- Open Meeting  
**July 18, 2005 - 9 a.m.** -- Open Meeting  
**August 1, 2005 - 9 a.m.** -- Open Meeting  
**August 15, 2005 - 9 a.m.** -- Open Meeting  
**August 29, 2005 - 9 a.m.** -- Open Meeting  
**September 12, 2005 - 9 a.m.** -- Open Meeting  
**† September 26, 2005 - 9 a.m.** -- Open Meeting  
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia. 

A meeting to receive and discuss reports and activities from staff members and to discuss other matters not yet determined.

**Contact:** W. Curtis Coleburn, III, Secretary to the Board, Board of Alcoholic Beverage Control, 2901 Hermitage Rd., Richmond, VA 23220, telephone (804) 213-4409, FAX (804) 213-4411, (804) 213-4687/TTY , e-mail [curtis.coleburn@abc.virginia.gov](mailto:curtis.coleburn@abc.virginia.gov).

## BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

**† June 28, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. 

An informal fact-finding conference.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.state.va.us](mailto:apelscidla@dpor.state.va.us).

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## Calendar of Events

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### July 28, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the Architects Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

### August 2, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the Professional Engineers Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

### August 4, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the Landscape Architects Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

### August 9, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the Land Surveyors Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

### August 11, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the Interior Designers Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

### † September 8, 2005 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting of the full board to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

## ART AND ARCHITECTURAL REVIEW BOARD

**July 8, 2005 - 10 a.m.** -- Open Meeting

**August 5, 2005 - 10 a.m.** -- Open Meeting

**September 9, 2005 - 10 a.m.** -- Open Meeting

Science Museum of Virginia, 2500 West Broad Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A monthly meeting to review projects submitted by state agencies. Art and Architectural Review Board submittal forms and submittal instructions can be downloaded by visiting the DGS Forms Center at [www.dgs.state.va.us](http://www.dgs.state.va.us). Request form #DGS-30-905 or submittal instructions #DGS-30-906. The deadline for submitting project datasheets and other required information is two weeks prior to the meeting date.

**Contact:** Richard L. Ford, AIA Chairman, Art and Architectural Review Board, 101 Shockoe Slip, 3rd Floor, Richmond, VA 23219, telephone (804) 648-5040, FAX (804) 225-0329, (804) 786-6152/TTY , or e-mail [rford@comarchs.com](mailto:rford@comarchs.com).

## VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

**August 17, 2005 - 9 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business.

**Contact:** David E. Dick, Executive Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY , e-mail [alhi@dpor.virginia.gov](mailto:alhi@dpor.virginia.gov).

## COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES

### State Executive Council

† **September 14, 2005 - 9 a.m.** -- Open Meeting

Location to be announced.

A regular meeting. The meeting will adjourn by noon.

**Contact:** Kim McGaughey, Executive Director, Comprehensive Services for At-Risk Youth and Families, 1604 Santa Rosa Rd., Richmond, VA 23229, telephone (804) 662-9830, FAX (804) 662-9831.

## AUCTIONEERS BOARD

**July 7, 2005 - 10 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to

participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Marian H. Brooks, Regulatory Board Administrator, Auctioneers Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [auctioneers@dpor.virginia.gov](mailto:auctioneers@dpor.virginia.gov).

## BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

**August 18, 2005 - 9:30 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A meeting to discuss issues and matters related to audiology and speech-language pathology.

**Contact:** Elizabeth Young, Executive Director, Board of Audiology and Speech-Language Pathology, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , e-mail [elizabeth.young@dhp.virginia.gov](mailto:elizabeth.young@dhp.virginia.gov).

## BOARD FOR BARBERS AND COSMETOLOGY

**August 15, 2005 - 9 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Conference Room 4W, Richmond, Virginia. 

A meeting to conduct general business and consider regulatory issues as may be presented. A portion of the meeting may be held in closed session. A public comment period will be held at the beginning of the meeting. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY , e-mail [barbercosmo@dpor.virginia.gov](mailto:barbercosmo@dpor.virginia.gov).

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† **August 15, 2005 - 1 p.m.** -- Public Hearing

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

† **August 26, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board for Barbers and Cosmetology intends to adopt regulations entitled **18 VAC 41-30, Hair Braiding Regulations**. The purpose of the proposed regulations is to promulgate regulations governing

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## Calendar of Events

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the licensure and practice of hair braiding as mandated by Chapter 600 of the 2003 Acts of Assembly.

Statutory Authority: § 54.1-201 and Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia.

**Contact:** William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295 or e-mail [william.ferguson@dpor.virginia.gov](mailto:william.ferguson@dpor.virginia.gov).

### BOARD FOR THE BLIND AND VISION IMPAIRED

**July 12, 2005 - 1 p.m.** -- Open Meeting  
Administrative Headquarters Building, 397 Azalea Avenue, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular quarterly meeting to receive information regarding department activities and operations, review expenditures from the board endowment fund, and discuss other issues raised before the board.

**Contact:** Katherine C. Proffitt, Administrative Staff Assistant, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3145, FAX (804) 371-3157, toll-free (800) 622-2155, (804) 371-3140/TTY , e-mail [kathy.proffitt@dbvi.virginia.gov](mailto:kathy.proffitt@dbvi.virginia.gov).

### BOARD FOR BRANCH PILOTS

**July 29, 2005 - 9 a.m.** -- Open Meeting  
Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia. 

A meeting to conduct general business. A portion of the meeting may be held in closed session. A public comment period will be held at the beginning of the meeting. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Branch Pilots, 3600 W. Broad St. Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [branchpilots@dpor.virginia.gov](mailto:branchpilots@dpor.virginia.gov).

### CEMETERY BOARD

**† July 12, 2005 - 2 p.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. 

An informal fact-finding conference.

**Contact:** Christine Martine, Executive Director, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, (804) 367-9753/TTY , e-mail [cemeterybrd@dpor.virginia.gov](mailto:cemeterybrd@dpor.virginia.gov).

### GOVERNOR'S TASK FORCE ON CERVICAL CANCER

**† June 30, 2005 - 9 a.m.** -- Open Meeting  
Department of Health, 109 Governor Street, 1st Floor (Mezzanine Level), Richmond, Virginia.

The first meeting of the task force. For additional information, please contact Donna Justis.

**Contact:** Donna Justis, Administrative and Program Specialist III, Office of Governor, 109 Governor St., 7th Floor, Richmond, VA 23219, telephone (804) 864-7651, FAX (804) 864-7647, e-mail [donna.justis@vdh.virginia.gov](mailto:donna.justis@vdh.virginia.gov).

### CHARITABLE GAMING BOARD

**September 13, 2005 - 10 a.m.** -- Open Meeting  
Science Museum of Virginia, 2500 West Broad Street, Discovery Room, Richmond, Virginia. 

A regular quarterly meeting.

**Contact:** Clyde E. Cristman, Director, Department of Charitable Gaming, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 786-1681, FAX (804) 786-1079, e-mail [clyde.cristman@dcg.virginia.gov](mailto:clyde.cristman@dcg.virginia.gov).

### STATE CHILD FATALITY REVIEW TEAM

**July 12, 2005 - 10 a.m.** -- Open Meeting  
**September 9, 2005 - 10 a.m.** -- Open Meeting  
Office of the Chief Medical Examiner, 400 East Jackson Street, Richmond, Virginia. 

The business portion of the meeting is open to the public. At the conclusion of the open meeting, the team will go into closed session for confidential case review.

**Contact:** Angela Myrick, Coordinator, Department of Health, 400 E. Jackson St., Richmond, VA 23219, telephone (804) 786-1047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail [angela.myrick@vdh.virginia.gov](mailto:angela.myrick@vdh.virginia.gov).

### STATE BOARD FOR COMMUNITY COLLEGES

**July 20, 2005 - 1:30 p.m.** -- Open Meeting  
**† September 14, 2005 - 9 a.m.** -- Open Meeting  
Virginia Community College System, James Monroe Building, 101 North 14th Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

Meetings of the Academic Committee, Student Affairs and Workforce Development Committee, and Budget and Finance Committee begin at 1:30 p.m. The Facilities Committee and the Audit Committee will meet at 3 p.m. The Personnel Committee will meet at 3:30 p.m. The Executive Committee will meet at 5 p.m.

**Contact:** D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 101 N. 14th St., Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY 

**July 21, 2005 - 9 a.m.** -- Open Meeting

† **September 15, 2005 - 9 a.m.** -- Open Meeting  
James Monroe Building, 101 North 14th Street, Godwin-Hamel Board Room, 15th Floor, Richmond, Virginia. (Interpreters for the deaf provided upon request)

A meeting of the full board. Public comment may be received at the beginning of the meeting upon notification at least five working days prior to the meeting.

**Contact:** D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 15th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY

## COMPENSATION BOARD

† **July 20, 2005 - 11 a.m.** -- Open Meeting  
830 East Main Street, 2nd Floor Conference Room, Richmond, Virginia.

A monthly board meeting.

**Contact:** Cindy P. Waddell, Administrative Staff Assistant, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786, FAX (804) 371-0235, e-mail cindy.waddell@scb.virginia.gov.

## DEPARTMENT OF CONSERVATION AND RECREATION

**June 28, 2005 - 7 p.m.** -- Open Meeting  
Powhatan Village Center, Route 13, Powhatan, Virginia.

A meeting of the Powhatan State Park at Beaumont Learning Center Master Plan Advisory Committee to receive public input.

**Contact:** Robert S. Munson, Planning Bureau Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail robert.munson@dcr.virginia.gov.

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**July 1, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Conservation and Recreation intends to amend regulations entitled **4 VAC 5-15, Nutrient Management Training and Certification Regulations**. The purpose of the proposed action is to amend the Nutrient Management and Training Certification Regulations and their attendant forms including the criteria for nutrient management plan content and development procedures in order to bring the regulations and attendant documents into compliance as may be necessary with § 62.1-44.17:1.1 of the Code of Virginia and in the requirements set forth in 40 CFR Parts 9, 122, 123 and 412 as published in the Federal Register Volume 62, No. 29, dated February 12, 2003, or as may otherwise be necessary to protect water quality.

Statutory Authority: § 10.1-104.2 of the Code of Virginia.

**Contact:** David C. Dowling, Policy and Planning Manager, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

## Virginia Scenic River Board

**June 28, 2005 - 10 a.m.** -- Open Meeting  
Virginia Department of Forestry, Charlottesville, Virginia.

A regular business meeting to discuss river issues.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

## BOARD FOR CONTRACTORS

**June 28, 2005 - 9 a.m.** -- Open Meeting  
**July 7, 2005 - 9 a.m.** -- Open Meeting  
† **July 14, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.

Informal fact-finding conferences.

**Contact:** Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.virginia.gov.

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† **July 7, 2005 - 7 p.m.** -- Public Hearing  
Arlington County Board Meeting Room 307, 2100 Clarendon Boulevard, Arlington, Virginia.

**July 13, 2005 - 7 p.m.** -- Public Hearing  
Southwest Virginia Higher Education Center, One Partnership Circle, Abingdon, Virginia.

**July 14, 2005 - 7 p.m.** -- Public Hearing  
Chesapeake City Council Chambers, 306 Cedar Road, Chesapeake, Virginia.

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board for Contractors intends to amend regulations entitled **18 VAC 50-22, Board for Contractors Regulations**. The purpose of the proposed action is to amend the current regulations to reflect statutory changes, respond to changes in the industry and revise language for clarity and ease of use.

Statutory Authority: §§ 54.1-201 and 54.1-1102 of the Code of Virginia.

**Contact:** Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230,

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## Calendar of Events

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telephone (804) 367-2785, FAX (804) 367-2474 or e-mail [eric.olson@dpor.virginia.gov](mailto:eric.olson@dpor.virginia.gov).

† **July 7, 2005 - 7 p.m.** -- Public Hearing  
Arlington County Board Meeting Room 307, 2100 Clarendon Boulevard, Arlington, Virginia. 

† **July 13, 2005 - 7 p.m.** -- Public Hearing  
Southwest Virginia Higher Education Center, One Partnership Circle, Abingdon, Virginia.

† **July 14, 2005 - 7 p.m.** -- Public Hearing  
Chesapeake City Council Chambers, 306 Cedar Road, Chesapeake, Virginia.

A meeting to receive comments regarding implementation of regulatory fee amendments effective August 1, 2005, for Board for Contractors Regulations, 18 VAC 50-22, and Board for Contractors Tradesman Regulations, 18 VAC 50-30.

**Contact:** Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474 or e-mail [eric.olson@dpor.virginia.gov](mailto:eric.olson@dpor.virginia.gov).

**July 19, 2005 - 9 a.m.** -- Open Meeting  
**August 30, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A regular meeting to address policy and procedural issues and review and render decisions on matured complaints against licensees. The meeting is open to the public; however, a portion of the board's business may be conducted in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at (804) 367-2785 at least 10 days prior to this meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY , e-mail [contractors@dpor.virginia.gov](mailto:contractors@dpor.virginia.gov).

**August 10, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting of the Tradesman and Education Committee to conduct committee business. The department fully complies with the Americans with Disabilities Act.

**Contact:** Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY , e-mail [contractors@dpor.virginia.gov](mailto:contractors@dpor.virginia.gov).

### BOARD OF CORRECTIONS

**July 19, 2005 - 10 a.m.** -- Open Meeting  
† **September 20, 2005 - 10 a.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia. 

A meeting of the Liaison Committee to discuss correctional matters of interest to the board.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail [woodhousebl@vadoc.virginia.gov](mailto:woodhousebl@vadoc.virginia.gov).

**July 19, 2005 - 1 p.m.** -- Open Meeting  
† **September 20, 2005 - 1 p.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor, Room 3054, Richmond, Virginia. 

A meeting of the Correctional Services/Policy and Regulations Committee to discuss correctional services and policy/regulation matters to be considered by the board.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail [woodhousebl@vadoc.virginia.gov](mailto:woodhousebl@vadoc.virginia.gov).

**July 20, 2005 - 9:30 a.m.** -- Open Meeting  
† **September 21, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia. 

A meeting of the Administration Committee to discuss administrative matters to be considered by the board.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail [woodhousebl@vadoc.virginia.gov](mailto:woodhousebl@vadoc.virginia.gov).

**July 20, 2005 - 10 a.m.** -- Open Meeting  
† **September 21, 2005 - 10 a.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia. 

A regular meeting of the full board to review and discuss all matters considered by board committees that require action by the board.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail [woodhousebl@vadoc.virginia.gov](mailto:woodhousebl@vadoc.virginia.gov).

### BOARD OF COUNSELING

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Counseling intends to amend regulations entitled **18 VAC 115-20, Regulations Governing the Practice of Professional Counseling; 18 VAC 115-50, Regulations Governing the Practice of Marriage and Family Therapy; 18 VAC 115-60,**

**Regulations Governing the Licensure of Substance Abuse Treatment Practitioners.** The purpose of the proposed action is to update and provide for consistency of regulations relating to standards of practices, disciplinary actions, and reinstatement governing the three professions licensed by this board.

Statutory Authority: §§ 54.1-2400 and 54.1-3505 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to Evelyn B. Brown, Executive Director, Board of Counseling, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

## CRIMINAL JUSTICE SERVICES BOARD

**September 8, 2005 - 9 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the Committee on Training.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth Street Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail [lbaker@dcjs.virginia.gov](mailto:lbaker@dcjs.virginia.gov).

**September 8, 2005 - 11 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting to conduct general business.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth Street Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail [lbaker@dcjs.virginia.gov](mailto:lbaker@dcjs.virginia.gov).

## Private Security Services Advisory Board

**June 28, 2005 - 10 a.m.** -- Open Meeting  
Richmond Marriott West 4240 Dominion Blvd Glen Allen, Virginia.23060

A meeting to conduct general business.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth Street Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail [lbaker@dcjs.virginia.gov](mailto:lbaker@dcjs.virginia.gov).

## DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

**August 3, 2005 - 10 a.m.** -- Open Meeting  
Department for the Deaf and Hard-of-Hearing, 1602 Rolling Hills Drive, 2nd Floor Conference Room, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A quarterly meeting of the advisory board.

**Contact:** Leslie Hutcheson Prince, Policy and Planning Manager, Department for the Deaf and Hard-of-Hearing, 1602 Rolling Hills Dr., Suite 203, Richmond, VA 23235, telephone (804) 662-9703, toll-free (800) 552-7917, (804) 662-9703/TTY , e-mail [leslie.prince@vddhh.virginia.gov](mailto:leslie.prince@vddhh.virginia.gov).

## BOARD OF DENTISTRY

**July 7, 2005 - 8:30 a.m.** -- Open Meeting  
**July 8, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

Formal hearings. There will not be a public comment period.

**Contact:** Cheri Emma-Leigh, Operations Manager, Board of Dentistry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY , e-mail [cheri.emma-leigh@dhp.virginia.gov](mailto:cheri.emma-leigh@dhp.virginia.gov).

**July 8, 2005 - 9 a.m.** -- Open Meeting  
**† September 16, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Richmond, Virginia. 

A meeting to discuss business issues. There will be a public comment period at the beginning of the meeting.

**Contact:** Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9906, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [sandra.reen@dhp.virginia.gov](mailto:sandra.reen@dhp.virginia.gov).

**July 15, 2005 - 9 a.m.** -- Open Meeting  
**July 22, 2005 - 9 a.m.** -- Open Meeting  
**August 12, 2005 - 9 a.m.** -- Open Meeting  
**August 26, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A meeting of the Special Conference Committee to hold informal conferences. There will not be a public comment period.

**Contact:** Cheri Emma-Leigh, Operations Manager, Board of Dentistry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY , e-mail [cheri.emma-leigh@dhp.virginia.gov](mailto:cheri.emma-leigh@dhp.virginia.gov).

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# Calendar of Events

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## DESIGN-BUILD/CONSTRUCTION MANAGEMENT REVIEW BOARD

**July 21, 2005 - 11 a.m.** -- Open Meeting

**August 18, 2005 - 11 a.m.** -- Open Meeting

**† September 15, 2005 - 11 a.m.** -- Open Meeting

Department of General Services, Eighth Street Office Building,  
805 East Broad Street, 3rd Floor, Richmond, Virginia.   
(Interpreter for the deaf provided upon request)

A monthly meeting to review requests submitted by localities to use design-build or construction-management-type contracts. Contact the Division of Engineering and Building to confirm the meeting.

**Contact:** Rhonda M. Bishton, Administrative Assistant, Department of General Services, 805 E. Broad Street, Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934, (804) 786-6152/TTY , or e-mail rhonda.bishton@dgs.virginia.gov.

## VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP

**† July 13, 2005 - 6:30 a.m.** --Open Meeting

Location to be determined.

**July 14, 2005 - 9 a.m.** -- Open Meeting

901 East Byrd Street, West Tower, Presentation Center, 20th Floor, Richmond, Virginia. 

A meeting of the Search Committee to focus on the selection of a new executive director.

**Contact:** Kim Ellett, Senior Executive Assistant, Virginia Economic Development Partnership, P.O. Box 798, Richmond, VA 23218-0798, telephone (804) 371-8108, FAX (804) 371-8112, e-mail ellett1@comcast.net.

**† July 27, 2005 - 9 a.m.** -- Open Meeting

901 East Byrd Street, West Tower, Presentation Center, 20th Floor, Richmond, Virginia. 

A meeting of the Search Committee to focus on the selection of a new executive director: interviews will be held for this position.

**Contact:** Kim Ellett, Senior Executive Assistant, Virginia Economic Development Partnership, P.O. Box 798, Richmond, VA 23218-0798, telephone (804) 371-8108, FAX (804) 371-8112, e-mail ellett1@comcast.net.

## BOARD OF EDUCATION

**† July 18, 2005 - 10 a.m.** -- Open Meeting

James Monroe Building, 101 North 14th Street, Conference Room C, Richmond, Virginia.

A meeting of the Committee on English as a Second Language. The public is urged to confirm arrangements prior to each meeting by viewing the Department of Education's public meeting calendar at <http://www.pen.k12.va.us/VDOE/meetings.html>. This site will contain the latest information on the meeting arrangements and will note any last-minute changes in time

or location. Please note that persons requesting the services of an interpreter for the deaf are asked to do so at least 72 hours in advance so that the appropriate arrangements may be made.

**Contact:** Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail margaret.roberts@doe.virginia.gov.

**July 27, 2005 - 9 a.m.** -- Open Meeting

**† September 21, 2005 - 9 a.m.** -- Open Meeting

James Monroe Building, 101 North 14th Street, Main Lobby Level, Conference Rooms C and D, Richmond, Virginia. 

A regular business meeting of the board. The public is urged to confirm arrangements prior to each meeting by viewing the Department of Education's public meeting calendar at <http://www.pen.k12.va.us/VDOE/meetings.html>. This site will contain the latest information on the meeting arrangements and will note any last minute changes in time or location. Persons who wish to speak or who require the services of an interpreter for the deaf should contact the agency at least 72 hours in advance.

**Contact:** Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail margaret.roberts@doe.virginia.gov.

## DEPARTMENT OF EDUCATION

**July 21, 2005 - 8:45 a.m.** -- Open Meeting

**July 22, 2005 - 8:45 a.m.** -- Open Meeting

Richmond Holiday Inn at the Koger Center, Midlothian Turnpike, Richmond, Virginia.

A meeting of the State Special Education Advisory Committee. Agenda to be announced.

**Contact:** Dr. Margaret N. Roberts, Office of Policy and Communications, Department of Education, P.O. Box 2120, 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail margaret.roberts@doe.virginia.gov.

## STATE BOARD OF ELECTIONS

**† June 28, 2005 - 10 a.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, 5 West Conference Room, Richmond, Virginia. 

During the discussion of each topic there will be an opportunity for public comment. Anyone wishing to discuss an issue not on the agenda will be allowed to comment at the end of new business. Contact the board for agenda details.

**Contact:** Vanessa Archie, Administrative Assistant, State Board of Elections, 200 N. 9th St., Room 101, Richmond, VA 23219, telephone (804) 864-8908, FAX (804) 371-0194, toll-

free (800) 552-9745, (800) 260-3466/TTY ☎, e-mail [vanessa.archie@sbe.virginia.gov](mailto:vanessa.archie@sbe.virginia.gov).

## LOCAL EMERGENCY PLANNING COMMITTEE - CITY OF WINCHESTER

**July 6, 2005 - 3 p.m.** -- Open Meeting

Timbrook Public Safety Center, 231 East Piccadilly Street, Winchester, Virginia.

A regular meeting.

**Contact:** L.A. Miller, Fire and Rescue Chief, Local Emergency Planning Committee, Winchester Fire and Rescue Department, 231 E. Piccadilly St., Winchester, VA 22601, telephone (540) 662-2298, FAX (540) 542-1318, (540) 662-4131/TTY ☎.

## DEPARTMENT OF ENVIRONMENTAL QUALITY

**June 27, 2005 - 7 p.m.** -- Open Meeting

Airfield 4-H Center, Spain Conference Lodge, Wakefield, Virginia. ♿

A public meeting on the development of a TMDL implementation plan to address multiple impairments in the Chowan River Basin in Sussex and Southampton Counties. The public notice appears in the Virginia Register of Regulations on June 13, 2005. The public comment period begins on June 27, 2005, and ends on July 28, 2005.

**Contact:** Chris French, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, VA 23060, telephone (804) 527-5124, FAX (804) 527-5106, e-mail [rcfrench@deq.virginia.gov](mailto:rcfrench@deq.virginia.gov).

**June 27, 2005 - 7 p.m.** -- Open Meeting

Southern Piedmont Agricultural Research and Extension Center, Auditorium, 2375 Darvills Road, Blackstone, Virginia. ♿

A public meeting on the development of TMDL implementation plan to address multiple impairments in the Chowan River Basin in Prince Edward, Nottoway, Lunenburg and Dinwiddie Counties. The public notice appears in the Virginia Register of Regulations on June 13, 2005. The comment period begins on June 27, 2005, and ends on July 28, 2005.

**Contact:** Kelly J. Wills, Department of Environmental Quality, 7705 Timberlake Rd., Lynchburg, VA 24502, telephone (434) 582-5120, FAX (434) 582-5125, e-mail [kjwills@deq.virginia.gov](mailto:kjwills@deq.virginia.gov).

**June 29, 2005 - 7 p.m.** -- Public Hearing

Sedwick Building, 146 Madison Road, Orange, Virginia. ♿

A public hearing to receive comments on a permit modification for the Orange County landfill located southwest of the Town of Nasons. The permit modification concerns the implementation of a ground water corrective action plan. The public comment period began on May 26, 2005, and closes on July 14, 2005.

**Contact:** Larry Syverson, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4271, e-mail [lwsyverson@deq.virginia.gov](mailto:lwsyverson@deq.virginia.gov).

**† July 12, 2005 - 7 p.m.** -- Open Meeting

Ottobine Elementary School, 8646 Waggys Creek Road, Dayton, Virginia. ♿

The final public meeting on the development of a bacteria TMDL for Beaver Creek in Rockingham County. The public notice appears in the Virginia Register of Regulations on June 27, 2005. The public comment period begins on July 12, 2005, and ends on August 12, 2005.

**Contact:** Robert Brent, Department of Environmental Quality, 4411 Early Rd., Harrisonburg, VA 22801, telephone (540) 574-7848, FAX (540) 574-7878, e-mail [rbrent@deq.virginia.gov](mailto:rbrent@deq.virginia.gov).

**† July 12, 2005 - 7 p.m.** -- Open Meeting

Page Middle School, 5628 George Washington Memorial Highway, Gloucester, Virginia. ♿

The first public meeting on the development of fecal coliform TMDLs for 16 shellfish waters in Gloucester County. The public notice appears in the Virginia Register of Regulations on June 27, 2005. The public comment period begins on July 13, 2005, and closes on August 11, 2005.

**Contact:** Chester Bigelow, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, e-mail [cbbigelow@deq.virginia.gov](mailto:cbbigelow@deq.virginia.gov).

**† July 14, 2005 - 7 p.m.** -- Open Meeting

Williams Wharf, off Route 614 on Williams Wharf Road, Mathews, Virginia. ♿

The first public meeting on the development of fecal coliform TMDLs for seven shellfish propagation waters in Mathews County. The public notice appears in the Virginia Register of Regulations on June 27, 2005. The comment period begins on July 15, 2005, and closes on August 12, 2005.

**Contact:** Chester Bigelow, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, e-mail [cbbigelow@deq.virginia.gov](mailto:cbbigelow@deq.virginia.gov).

**July 19, 2005 - 9 a.m.** -- Open Meeting

Department of Environmental Quality, 629 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Ground Water Protection Steering Committee.

**Contact:** Mary Ann Massie, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4042, e-mail [mamassie@deq.virginia.gov](mailto:mamassie@deq.virginia.gov).

**† July 20, 2005 - 7 p.m.** -- Open Meeting

Poquoson Public Library, 500 City Hall Avenue, Main Conference Room, Poquoson, Virginia. ♿

The first public meeting on the development of fecal coliform TMDLs for shellfish propagation waters in the City

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# Calendar of Events

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of Poquoson and York County. The public notice appears in the Virginia Register of Regulations on June 27, 2005. The public comment period begins on July 21, 2005, and closes on August 11, 2005.

**Contact:** Chester Bigelow, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, e-mail ccbigelow@deq.virginia.gov.

## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **June 28, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. 

A meeting to hear possible violations of the laws and regulations governing the practice of funeral service.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , e-mail elizabeth.young@dhp.virginia.gov.

† **July 12, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia. 

A meeting to discuss general business matters related to funeral service.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , e-mail elizabeth.young@dhp.virginia.gov.

† **July 12, 2005 - 12:30 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia. 

A meeting of the Regulatory/Legislative Committee to discuss the rules and regulations that pertain to the practice of funeral service.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , e-mail elizabeth.young@dhp.virginia.gov.

## BOARD FOR GEOLOGY

**July 27, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business.

**Contact:** David E. Dick, Executive Director, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY , e-mail geology@dpor.virginia.gov.

## STATE BOARD OF HEALTH

† **August 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to repeal regulations entitled **12 VAC 5-480, Radiation Protection Regulations** and adopt regulations entitled **12 VAC 5-481, Virginia Radiation Protection Regulations**. The purpose of the proposed action is to comprehensively amend the regulations in light of the most current safety considerations.

Statutory Authority: § 32.1-229 of the Code of Virginia.

**Contact:** Les Foldesi, Director, Radiological Health Program, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 864-8150, FAX (804) 864-7902 or e-mail les.foldesi@vdh.virginia.gov.

## DEPARTMENT OF HEALTH

† **July 12, 2005 - 10 a.m.** -- Open Meeting  
Madison Building, 109 Governor Street, 5th Floor Conference Room, Richmond, Virginia.

A meeting of the Authorized Onsite Soil Evaluator Regulations Advisory Committee to make recommendations to the commissioner regarding AOSE/PE policies, procedures and programs.

**Contact:** Donna Tiller, Executive Secretary, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7470, FAX (804) 864-7476, e-mail donna.tiller@vdh.virginia.gov.

## Radiation Advisory Board

**July 20, 2005 - 10 a.m.** -- Open Meeting  
James Madison Building, 109 Governor Street, West Conference Room, Room 132, Richmond, Virginia.   
(Interpreter for the deaf provided upon request)

The annual meeting.

**Contact:** Les Foldesi, Director, Radiological Health Program, Department of Health, 109 Governor St., Room 730, Richmond VA 23219, telephone (804) 864-8151, FAX (804) 864-8155, toll-free (800) 468-0138, (804) 828-1120/TTY , e-mail les.foldesi@vdh.virginia.gov.

## BOARD OF HEALTH PROFESSIONS

† **July 14, 2005 - 8:30 a.m.** -- Public Hearing  
Department of Health Professions, 6603 West Broad Street, Classrooms B and C, Richmond, Virginia. 

A public hearing to receive public comment on the need to regulate naturopaths.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-7691, FAX

(804) 662-7098, (804) 662-7197/TTY ☎, e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **July 14, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Classrooms B and C, Richmond, Virginia. ♿

A meeting of the Regulatory Research Committee to receive comment from the Dialysis Patient Care Technician Employers regarding clinical training of new candidates for certification and consider draft legislation. The committee will also consider public comment presented by the naturopaths. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY ☎, e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **July 14, 2005 - 11 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Classrooms B and C, Richmond, Virginia. ♿

A meeting of the Executive Committee to receive and consider an overview of the agency's budget. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY ☎, e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **July 14, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Classrooms B and C, Richmond, Virginia. ♿

A meeting to receive the reports of the Regulatory and Executive Committees and to make recommendations. The board will also receive updates on the Sanction Reference Study, Telehealth, Brochures and Issues Forum, HPIP Program Grant and board reports. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY ☎, e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

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**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Health Professions intends to amend regulations entitled **18 VAC 76-40, Regulations Governing the Emergency Contact Information**. The purpose of the proposed action is to include licensed athletic trainers among the professions required to report emergency contact information.

Statutory Authority: § 54.1-2506.1 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to Robert A. Nebiker, Director, Department of Health Professions, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

## DEPARTMENT OF HEALTH PROFESSIONS

† **June 29, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Board Room 3, Richmond, Virginia. ♿

A meeting of the Health Practitioners' Intervention Program Committee.

**Contact:** Peggy W. Call, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9424, FAX (804) 662-7358, e-mail [peggy.call@dhp.virginia.gov](mailto:peggy.call@dhp.virginia.gov).

**August 19, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, Board Room 3, Richmond, Virginia. ♿

A meeting of the Health Practitioners' Intervention Program Committee.

**Contact:** Peggy W. Call, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9424, FAX (804) 662-7358, e-mail [peggy.call@dhp.virginia.gov](mailto:peggy.call@dhp.virginia.gov).

## BOARD FOR HEARING AID SPECIALISTS

**July 18, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. ♿

A meeting to conduct general business matters and consider regulatory issues as may be presented. A public comment period will be held at the beginning of the meeting. A portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** William H. Ferguson, II, Executive Director, Board for Hearing Aid Specialists, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY ☎, e-mail [hearingaidspec@dpor.virginia.gov](mailto:hearingaidspec@dpor.virginia.gov).

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# Calendar of Events

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## STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

**July 14, 2005 - 1 p.m.** -- Open Meeting  
Madras Hill, Greenwood, Virginia.

A meeting to discuss SCHEV roles and responsibilities.

**Contact:** Lee Ann Rung, State Council of Higher Education for Virginia, 101 N 14th St., Richmond, VA 23219, telephone (804) 225-2602, FAX (804) 371-7911, e-mail leannrung@schev.edu.

**July 19, 2005 - 12:30 p.m.** -- Open Meeting  
Christopher Newport University, 1 University Place, Newport News, Virginia.

Committees will meet beginning at 8:30 a.m. Agenda materials will be available on the website approximately one week prior to the meeting at [www.schev.edu](http://www.schev.edu). A public comment period will be allocated on the meeting agenda. To be scheduled, those interested in making public comment should contact the person listed below no later than 5 p.m. three business days prior to the meeting date. At the time of the request, the speaker's name, address and topic must be provided. Each speaker will be given up to three minutes to address SCHEV. Speakers are asked to submit a written copy of their remarks at the time of comment.

**Contact:** Lee Ann Rung, State Council of Higher Education for Virginia, 101 N 14th St., Richmond, VA 23219, telephone (804) 225-2602, FAX (804) 371-7911, e-mail leannrung@schev.edu.

## BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

**July 26, 2005 - 10 a.m.** -- Open Meeting  
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia. 

A meeting to conduct general business.

**Contact:** Stephen W. Calhoun, Regulatory Coordinator, Department of Housing and Community Development, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7000, FAX (804) 371-7090, (804) 371-7089/TTY , e-mail [steve.calhoun@dhcd.virginia.gov](mailto:steve.calhoun@dhcd.virginia.gov).

## VIRGINIA INFORMATION TECHNOLOGIES AGENCY

### E-911 Wireless Services Board

**July 13, 2005 - 9 a.m.** -- Open Meeting  
† **September 14, 2005 - 9 a.m.** -- Open Meeting  
110 South 7th Street, 1st Floor, Telecommunications Conference Room, Suite 100, Richmond, Virginia.

A subcommittee meeting. A request will be made to hold the meeting in closed session.

**Contact:** Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110

S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-0015, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail [steve.marzolf@vita.virginia.gov](mailto:steve.marzolf@vita.virginia.gov).

**July 13, 2005 - 10 a.m.** -- Open Meeting  
† **September 14, 2005 - 10 a.m.** -- Open Meeting  
110 South 7th Street, 4th Floor Auditorium, Richmond, Virginia.

A regular board meeting.

**Contact:** Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-0015, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail [steve.marzolf@vita.virginia.gov](mailto:steve.marzolf@vita.virginia.gov).

## JAMESTOWN-YORKTOWN FOUNDATION

**August 3, 2005 - 2 p.m.** -- Open Meeting  
Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting of the Executive Committee of the Jamestown 2007 Steering Committee. Call contact below for specific meeting location.

**Contact:** Judith Leonard, Administrative Office Manager, Jamestown-Yorktown Foundation, 410 W. Francis St., Williamsburg, VA 23185, telephone (757) 253-4253, FAX (757) 253-4950, (757) 253-5110/TTY , e-mail [judith.leonard@jyf.virginia.gov](mailto:judith.leonard@jyf.virginia.gov).

## BOARD OF JUVENILE JUSTICE

**November 9, 2005 - 10 a.m.** -- Public Hearing  
Department of Juvenile Justice, 700 East Franklin Street, 4th Floor, Richmond, Virginia.

**November 25, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Juvenile Justice intends to amend regulations entitled **6 VAC 35-10, Public Participation Guidelines**. The purpose of the proposed action is to update the regulation to reflect technological and statutory changes since the original regulation was adopted in 1991.

Statutory Authority: §§ 2.2-4007 and 66-3 of the Code of Virginia.

Public comments may be submitted until November 25, 2005, to Patricia Rollston, P.O. Box 1110, Richmond, VA 23219-1110.

**Contact:** Donald R. Carignan, Regulatory Coordinator, Department of Juvenile Justice, P.O. Box 1110, Richmond, VA 23219-1110, telephone (804) 371-0743, FAX (804) 371-0773 or e-mail [don.carignan@djj.virginia.gov](mailto:don.carignan@djj.virginia.gov).

## DEPARTMENT OF LABOR AND INDUSTRY

### Virginia Apprenticeship Council

† **September 15, 2005 - 10 a.m.** -- Open Meeting  
Location to be announced.  (Interpreter for the deaf provided upon request)

A meeting to conduct general business.

**Contact:** Beverley Donati, Program Director, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, (804) 786-2376/TTY , e-mail [bgd@doli.state.va.us](mailto:bgd@doli.state.va.us).

### STATE LAND EVALUATION ADVISORY COUNCIL

**August 2, 2005 - 11 a.m.** -- Open Meeting  
**September 13, 2005 - 11 a.m.** -- Open Meeting  
Department of Taxation, 2220 West Broad Street, Richmond, Virginia. 

A meeting to adopt suggested ranges of values for agricultural, horticultural, forest and open-space land use and the use-value assessment program.

**Contact:** H. Keith Mawyer, Property Tax Manager, Department of Taxation, 2220 W. Broad St., Richmond, VA 23220, telephone (804) 367-8020, FAX (804) 367-8662, e-mail [keith.mawyer@tax.virginia.gov](mailto:keith.mawyer@tax.virginia.gov).

### STATE LIBRARY BOARD

† **September 19, 2005 - 8:15 a.m.** -- Open Meeting  
The Library of Virginia, 800 East Broad Street, Richmond, Virginia. 

Meetings of the board to discuss matters pertaining to the Library of Virginia and the board. Committees of the board will meet as follows:

8:15 a.m. - Public Library Development Committee, Orientation Room  
Publications and Educational Services Committee, Conference Room B  
Records Management Committee, Conference Room C

9:30 a.m. - Archival and Information Services Committee, Orientation Room  
Collection Management Services Committee, Conference Room B  
Legislative and Finance Committee, Conference Room C

10:30 a.m. - Library Board, Conference Room, 2M

**Contact:** Jean H. Taylor, Executive Secretary to the Librarian, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3535, FAX (804) 692-3594, (804) 692-3976/TTY , e-mail [jtaylor@lva.lib.va.us](mailto:jtaylor@lva.lib.va.us).

## COMMISSION ON LOCAL GOVERNMENT

**July 18, 2005 - 10 a.m.** -- Public Hearing  
Department of Housing and Community Development, 205 North 2nd Street, Richmond, Virginia.

**August 1, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commission on Local Government intends to amend regulations entitled **1 VAC 50-10, Public Participation Guidelines**. The purpose of the proposed action is to update the public participation guidelines. The commission's current guidelines were adopted in 1984 and have not been amended since that date.

Statutory Authority: § 15.2-2903 of the Code of Virginia.

**Contact:** Ted McCormack, Associate Director, Commission on Local Government, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 786-6508, FAX (804) 371-7090, email [ted.mccormack@dhcd.virginia.gov](mailto:ted.mccormack@dhcd.virginia.gov).

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**July 18, 2005 - 10 a.m.** -- Public Hearing  
Department of Housing and Community Development, 205 North 2nd Street, Richmond, Virginia.

**August 1, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commission on Local Government intends to amend regulations entitled **1 VAC 50-20, Organization and Regulations of Procedure**. The purpose of the proposed action is to update the regulations that are used by the commission in the review of boundary change and governmental transition issues and in the conduct of its meetings and oral presentations and public hearings. The commission's current regulations were adopted in 1984.

Statutory Authority: § 15.2-2903 of the Code of Virginia.

**Contact:** Ted McCormack, Associate Director, Commission on Local Government, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 786-6508, FAX (804) 371-7090, email [ted.mccormack@dhcd.virginia.gov](mailto:ted.mccormack@dhcd.virginia.gov).

**July 18, 2005 - 1 p.m.** -- Open Meeting  
The Jackson Center, 501 North Second Street, 1st Floor, Board Room, Richmond, Virginia. 

A regular meeting to consider such matters as may be presented.

**Contact:** Ted McCormack, Associate Director, Commission on Local Government, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 786-6508, FAX (804) 371-7090, (804) 828-1120/TTY , e-mail [ted.mccormack@dhcd.virginia.gov](mailto:ted.mccormack@dhcd.virginia.gov).

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# Calendar of Events

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## MARINE RESOURCES COMMISSION

**June 28, 2005 - 9:30 a.m.** -- Open Meeting  
Marine Resources Commission, 2600 Washington Avenue,  
4th Floor, Newport News, Virginia.  (Interpreter for the deaf  
provided upon request)

A monthly meeting.

**Contact:** Jane McCroskey, Commission Secretary, Marine  
Resources Commission, 2600 Washington Ave., 3rd Floor,  
Newport News, VA 23607, telephone (757) 247-2215, FAX  
(757) 247-8101, toll-free (800) 541-4646, (757) 247-2292/TTY  
, e-mail jane.mccroskey@mrc.virginia.gov.

## BOARD OF MEDICAL ASSISTANCE SERVICES

**September 13, 2005 - 10 a.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad  
Street, 13th Floor Conference Room, Richmond, Virginia. 

A quarterly meeting.

**Contact:** Nancy Malczewski, Board Liaison, Department of  
Medical Assistance Services, 600 E. Broad St., Suite 1300,  
Richmond, VA 23219, telephone (804) 786-8096, FAX (804)  
371-4981, (800) 343-0634/TTY , e-mail  
nancy.malczewski@dmas.virginia.gov.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

**July 12, 2005 - 1 p.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad  
Street, 13th Floor, Board Room, Richmond, Virginia. 

A meeting of the Pharmacy Liaison Committee to discuss  
issues and concerns about Medicaid pharmacy issues with  
the committee and the community.

**Contact:** Rachel Cain, Pharmacist, Department of Medical  
Assistance Services, 600 E. Broad St., Suite 1300, Richmond,  
VA 23219, telephone (804) 225-2873, FAX (804) 786-5799,  
(800) 343-0634/TTY , e-mail  
rachel.cain@dmas.virginia.gov.

**July 20, 2005 - 1 p.m.** -- Open Meeting

**† September 21, 2005 - 1 p.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad  
Street, 13th Floor, Boardroom, Richmond, Virginia.

A meeting of the Medicaid Transportation Advisory  
Committee to discuss issues and concerns about Medicaid  
transportation issues with the committee and the  
community.

**Contact:** Bob Knox, Transportation Manager, Department of  
Medical Assistance Services, 600 E. Broad St., Suite 1300,  
Richmond, VA 23219, telephone (804) 371-8854, FAX (804)  
786-5799, (800) 343-0634/TTY , e-mail  
bob.knox@dmas.virginia.gov.

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**July 29, 2005** - Public comments may be submitted until this  
date.

Notice is hereby given in accordance with § 2.2-4007 of the  
Code of Virginia that the Department of Medical Assistance  
Services intends to amend regulations entitled **12 VAC 30-  
50, Amount, Duration and Scope of Medical and  
Remedial Care Services; 12 VAC 30-60, Standards  
Established and Methods Used to Assure High Quality  
Care; and 12 VAC 30-130, Amount, Duration and Scope  
of Selected Services.** The purpose of the proposed action  
is to implement coverage of new levels of community-based  
residential mental health services for children and  
adolescents.

Statutory Authority: § 32.1-325 of the Code of Virginia.

**Contact:** Renee Slade White, Regulatory Coordinator, 600 E.  
Broad St., Suite 1300, Richmond, VA 23219, telephone (804)  
786-7959, FAX (804) 786-1680 or e-mail  
renee.white@dmas.virginia.gov.

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**July 29, 2005** - Public comments may be submitted until this  
date.

Notice is hereby given in accordance with § 2.2-4007 of the  
Code of Virginia that the Department of Medical Assistance  
Services intends to amend regulations entitled **12 VAC 30-  
60, Standards Established and Methods Used to Assure  
High Quality Care.** The purpose of the proposed action is  
to change DMAS requirements for physician certification  
and recertification of home health patient care, to conform  
to federal Medicare law and regulation for home health  
services in order to reduce confusion and errors by home  
health agencies.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of  
Virginia.

**Contact:** Diane Thorpe, Long-Term Care and Quality  
Assurance Division, Department of Medical Assistance  
Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219,  
telephone (804) 786-7959, FAX (804) 786-1680 or e-mail  
diane.thorpe@dmas.virginia.gov.

**August 11, 2005 - 2 p.m.** -- Open Meeting

Department of Medical Assistance Services, 600 East Broad  
Street, 13th Floor, Board Room, Richmond, Virginia. 

A meeting of the Drug Utilization Review Board to discuss  
issues and concerns about Medicaid pharmacy issues with  
the committee and the community.

**Contact:** Rachel Cain, Pharmacist, Department of Medical  
Assistance Services, 600 E. Broad St., Suite 1300, Richmond,  
VA 23219, telephone (804) 225-2873, FAX (804) 786-5799,  
(800) 343-0634/TTY , e-mail  
rachel.cain@dmas.virginia.gov.

## BOARD OF MEDICINE

**June 28, 2005 - 9 a.m.** -- Open Meeting

Clarion Hotel, 3315 Ordway Drive, Roanoke, Virginia. 

A Special Conference Committee of the board will convene informal conferences to inquire into allegations that certain practitioners may have violated certain laws and regulations governing the practice of medicine and other healing arts. Further, the board may review cases with staff for case disposition including consideration of consent orders for settlement for matters pending before the board. The board will meet in open and closed sessions pursuant to the Code of Virginia. Public comment will not be received.

**Contact:** Renee S. Dixon, Discipline Case Manager, Board of Medicine, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-7002, FAX (804) 662-9517, (804) 662-7197/TTY , e-mail renee.dixon@dhp.virginia.gov.

**July 14, 2005 - 7:30 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Boardroom 1, Richmond, Virginia.

A meeting of the Nominating Committee to develop a slate of officers recommended for election by the board. No public comment will be received.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail william.harp@dhp.virginia.gov.

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**July 14, 2005 - 8 a.m.** -- Public Hearing

Department of Health Professions, 6603 West Broad Street, 5th Floor, Boardroom 2, Richmond, Virginia.

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled **18 VAC 85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic**. The purpose of the proposed action is to clarify that the intent of regulations for performance of office-based anesthesia was to address the administration of anesthesia in an office-based setting by an amendment stating that performance of a major conductive block for diagnostic or therapeutic purposes does not require the services of an anesthesiologist or certified registered nurse anesthetist, but could be administered by a qualified physician.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to William L. Harp, M.D., Director, Board of Medicine, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St.,

Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail elaine.yeatts@dhp.virginia.gov.

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**July 14, 2005 - 8 a.m.** -- Public Hearing

Department of Health Professions, 6603 West Broad Street, 5th Floor, Boardroom 2, Richmond, Virginia.

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled **18 VAC 85-40, Regulations Governing the Practice of Respiratory Care Practitioners**. The purpose of the proposed action is to recognize courses directly related to the practice of respiratory care that are approved by the American Medical Association for Category 1 CME credit.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to William L. Harp, M.D., Director, Board of Medicine, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail elaine.yeatts@dhp.virginia.gov.

**July 14, 2005 - 8 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment on agenda items will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail william.harp@dhp.virginia.gov.

† **July 14, 2005 - 8:15 a.m.** -- Public Hearing

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting to receive public comment on fast-track regulations for reporting requirements for the physician profile.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail william.harp@dhp.virginia.gov.

**August 19, 2005 - 8:30 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting of the Legislative Committee to consider regulatory matters as may be presented on the agenda.

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# Calendar of Events

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Public comment on agenda items will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

† **September 16, 2005 - 8 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting of the Executive Committee to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment on agenda items will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Acupuncture

**August 3, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of acupuncture. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Athletic Training

**August 4, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of athletic training. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Occupational Therapy

**August 2, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of occupational therapy. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Physician Assistants

**August 4, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of physician assistants. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Radiologic Technology

NOTE: CHANGE IN MEETING DATE

**July 27, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia.

A meeting to consider issues related to the regulation of radiologic technologists and radiologic technologist-limited. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## Advisory Board on Respiratory Care

**August 2, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of respiratory care. Public comment will be received at the beginning of the meeting.

**Contact:** William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail [william.harp@dhp.virginia.gov](mailto:william.harp@dhp.virginia.gov).

## DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

† **August 10, 2005 - 10 a.m.** -- Public Hearing  
Jefferson Building, 1220 Bank Street, 8th Floor Conference  
Room, Richmond, Virginia.  (Interpreter for the deaf provided  
upon request)

A public hearing to receive comments on the Virginia  
Community Mental Health Services Performance  
Partnership Block Grant Application for Federal FY 2006.  
Copies of the application are available for review at the  
Office of Mental Health Services, 10th Floor, Jefferson  
Building, and at each community services board office.  
Comments may be made at the hearing or in writing no later  
than August 10, 2005, to the Office of the Commissioner,  
Department of Mental Health, Mental Retardation and  
Substance Abuse Services, P.O. Box 1797, Richmond, VA  
23218. Any person wishing to make a presentation at the  
hearing should contact William T. Ferriss, LCSW. Copies of  
oral presentations should be filed at the time of the hearing.

**Contact:** William T. Ferriss, LCSW, Office of Mental Health,  
Department of Mental Health, Mental Retardation and  
Substance Abuse Services, P.O. Box 1797, Richmond, VA  
23218, telephone (804) 786-4837, FAX (804) 371-0091, (804)  
371-8977/TTY 

## STATE MILK COMMISSION

† **August 17, 2005 - 10:45 a.m.** -- Open Meeting  
Department of Forestry, 900 Natural Resources Drive, Room  
2054, Charlottesville, Virginia 

A regular meeting to consider industry issues, distributor  
licensing, base transfers, and reports from staff. The  
commission offers anyone in attendance an opportunity to  
speak at the conclusion of the agenda. Those persons  
requiring special accommodations should notify the agency  
meeting contact at least five working days prior to the  
meeting date so that suitable arrangements can be made.

**Contact:** Edward C. Wilson, Jr., Deputy Administrator, State  
Milk Commission, Washington Bldg., 1100 Bank St., Suite  
1019, Richmond, VA 23218, telephone (804) 786-2013, FAX  
(804) 786-3779, e-mail edward.wilson@vdacs.virginia.gov.

## MOTOR VEHICLE DEALER BOARD

† **July 11, 2005 - 8:30 a.m.** -- Open Meeting  
Department of Motor Vehicles, 2300 West Broad Street,  
Room 702, Richmond, Virginia  (Interpreter for the deaf  
provided upon request)

Committees will meet as follows:

Dealer Practices Committee - 8:30 a.m.  
Licensing Committee - Immediately following Dealer  
Practices.  
Advertising Committee - 9:30 a.m. or immediately after  
Licensing, whichever is later. Transaction Recovery Fund  
Committee - Immediately following Advertising.

Franchise Law Committee - To be scheduled as needed.  
Full board meeting - 10 a.m. or 5-45 minutes following  
Transaction Recovery Fund.

Meetings may begin later, but not earlier than scheduled.  
Meeting end times are approximate. Any person who needs  
any accommodation in order to participate in the meeting  
should contact the board at least 10 days before the  
meeting so that suitable arrangements can be made.

**Contact:** Alice R. Weedon, Administrative Assistant, Motor  
Vehicle Dealer Board, 2201 W. Broad St., Suite 104,  
Richmond, VA 23220, telephone (804) 367-1100, FAX (804)  
367-1053, toll-free (877) 270-0203, e-mail  
dboard@mvdv.virginia.gov.

## BOARD OF NURSING

**July 18, 2005 - 9 a.m.** -- Open Meeting  
**July 20, 2005 - 9 a.m.** -- Open Meeting  
**July 21, 2005 - 9 a.m.** -- Open Meeting  
† **September 19, 2005 - 9 a.m.** -- Open Meeting  
† **September 21, 2005 - 9 a.m.** -- Open Meeting  
† **September 22, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Board Room 2, Richmond, Virginia. 

A panel of the board will conduct formal hearings with  
licensees and/or certificate holders. Public comment will not  
be received.

**Contact:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive  
Director, Board of Nursing, 6603 W. Broad St., 5th Floor,  
Richmond, VA 23230, telephone (804) 662-9909, FAX (804)  
662-9512, (804) 662-7197/TTY , e-mail  
nursebd@dhp.virginia.gov.

**July 19, 2005 - 9 a.m.** -- Open Meeting  
† **September 20, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Board Room 2, Richmond, Virginia. 

A general business meeting including committee reports,  
consideration of regulatory action and discipline case  
decisions as presented on the agenda. Public comment will  
be received at 11 a.m.

**Contact:** Jay P. Douglas, R.N., Executive Director, Board of  
Nursing, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond,  
VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-  
9512, (804) 662-7197/TTY , e-mail  
jay.douglas@dhp.virginia.gov.

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**July 19, 2005 - 1:30 p.m.** -- Public Hearing  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Conference Room 2, Richmond, Virginia.

**July 29, 2005** - Public comments may be submitted until this  
date.

Notice is hereby given in accordance with § 2.2-4007 of the  
Code of Virginia that the Board of Nursing intends to amend  
regulations entitled **18 VAC 90-25, Regulations Governing**

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# Calendar of Events

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**Certified Nurse Aides.** The purpose of the proposed action is to increase the biennial renewal fee for certified nurse aides from \$45 to \$50.

Statutory Authority: § 54.1-2400 and Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to Jay Douglas, R.N., Executive Director, Board of Nursing, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

† **August 2, 2005 - 9 a.m.** -- Open Meeting

† **August 9, 2005 - 9 a.m.** -- Open Meeting

† **August 16, 2005 - 9 a.m.** -- Open Meeting

† **August 23, 2005 - 9 a.m.** -- Open Meeting

† **August 25, 2005 - 9 a.m.** -- Open Meeting

† **August 30, 2005 - 9 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A Special Conference Committee comprised of two or three members of the Virginia Board of Nursing or agency subordinate will conduct informal conferences with licensees and certificate holders. Public comment will not be received.

**Contact:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 West Broad Street, 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY , e-mail [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov).

## JOINT BOARDS OF NURSING AND MEDICINE

**August 24, 2005 - 9 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. 

A meeting of the Joint Boards of Nursing and Medicine.

**Contact:** Jay P. Douglas, RN, MSM, CSAC, Executive Director, Board of Nursing, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY , e-mail [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov).

## BOARD OF NURSING HOME ADMINISTRATORS

**July 27, 2005 - 9 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A meeting to discuss general board business. There will be a public comment period during the first 15 minutes of the meeting.

**Contact:** Sandra Reen, Executive Director, Board of Nursing Home Administrators, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7457, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [sandra.reen@dhp.virginia.gov](mailto:sandra.reen@dhp.virginia.gov).

## OLMSTEAD OVERSIGHT ADVISORY COMMITTEE

**July 26, 2005 - 11 a.m.** -- Open Meeting

Virginia Housing Development Authority, 621 South Belvidere Street, Richmond, Virginia.

A joint meeting between the Implementation Team and the Oversight Advisory Committee.

**Contact:** Kathie Shifflett, Administrative Assistant, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 622-7069, FAX (804) 662-7663, e-mail [kathie.shifflett@drs.virginia.gov](mailto:kathie.shifflett@drs.virginia.gov).

**August 11, 2005 - 11 a.m.** -- Open Meeting

Virginia Housing Development Authority, 621 South Belvidere Street, Richmond, Virginia.

A regular meeting.

**Contact:** Kathie Shifflett, Administrative Assistant, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 622-7069, FAX (804) 662-7663, e-mail [kathie.shifflett@drs.virginia.gov](mailto:kathie.shifflett@drs.virginia.gov).

**September 13, 2005 - 11 a.m.** -- Open Meeting

**September 14, 2005 - 9 a.m.** -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia.

A regular meeting.

**Contact:** Kathie Shifflett, Administrative Assistant, Office of Governor, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7069, FAX (804) 662-7663, e-mail [kathie.shifflett@drs.virginia.gov](mailto:kathie.shifflett@drs.virginia.gov).

## BOARD FOR OPTICIANS

**July 22, 2005 - 9:30 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. 

A meeting to conduct general business including consideration of regulatory issues as may be presented on the agenda. A public comment period will be held at the beginning of the meeting. A portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** William H. Ferguson, II, Executive Director, Board for Opticians, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY , e-mail [opticians@dpor.virginia.gov](mailto:opticians@dpor.virginia.gov).

## BOARD OF OPTOMETRY

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Optometry intends to amend regulations entitled **18 VAC 105-20, Regulations Governing the Practice of Optometry** and repeal regulations entitled **18 VAC 105-30, Regulations for Certification for Therapeutic Pharmaceutical Agents**. The purpose of the proposed action is to incorporate the current requirements for certification in therapeutic pharmaceutical agents into regulations governing the practice of optometry.

Statutory Authority: §§ 54.1-2400 and 54.1-3223 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

## VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

**June 28, 2005 - 4 p.m.** -- Open Meeting  
Blue Ridge Independent Living Center, 1502-B Williamson Road, NE, Roanoke, Virginia.  (Interpreter for the deaf provided upon request)

**June 29, 2005 - 4 p.m.** -- Open Meeting  
Southwest Virginia Higher Education Center, One Partnership Circle, Room 222, Abingdon, Virginia.  (Interpreter for the deaf provided upon request)

A public comment forum in response to the interim biennial report.

**Contact:** Barbara Etner, Director Policy, Research and Evaluation, Virginia Board for People with Disabilities, 202 N. 9th St., Richmond, VA, telephone (804) 786-7333, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY , e-mail [barbara.etner@vbpd.virginia.gov](mailto:barbara.etner@vbpd.virginia.gov).

**August 31, 2005 - 10 a.m.** -- Open Meeting  
202 North 9th Street, Richmond, Virginia. 

A meeting of the Executive Committee.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-0016, FAX (804) 786-1118, toll-free (800) 846-4464, (800) 846-4464/TTY , e-mail [sandra.smalls@vbpd.virginia.gov](mailto:sandra.smalls@vbpd.virginia.gov).

**September 1, 2005 - 9 a.m.** -- Open Meeting  
Holiday Inn, 6531 West Broad Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A quarterly board meeting.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-0016, FAX (804) 786-1118, toll-free (800) 846-4464, (800) 846-4464/TTY , e-mail [sandra.smalls@vbpd.virginia.gov](mailto:sandra.smalls@vbpd.virginia.gov).

## BOARD OF PHARMACY

**† June 30, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. 

A Special Conference Committee will discuss disciplinary matters. Public comments will not be received.

**Contact:** Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9911, FAX (804) 662-9313.

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**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled **18 VAC 110-20, Regulations Governing the Practice of Pharmacy**. The purpose of the proposed action is to limit the time for dispensing or refilling of Schedule VI drugs to one year from date of issuance unless the prescriber specifies a longer period, not to exceed two years.

Statutory Authority: § 54.1-2400 and Chapters 33 (§ 54.1-3300 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until July 29, 2005, to Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

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**August 12, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled **18 VAC 110-30, Regulations for Practitioners of the Healing Arts to Sell Controlled Substances**. The purpose of the proposed action is to eliminate unnecessary requirements for equipment and security, allow electronic transmission and storage of records, amend a burdensome reinstatement requirement and clarify rules for repackaging and storage. In addition, regulations are updated for consistency with Code changes requiring registration and training of pharmacy technicians and counseling of patients.

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# Calendar of Events

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Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until August 12, 2005, to Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

**September 13, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. 

A meeting to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth Scott Russell, RPh, Executive Director, Board of Pharmacy, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY , e-mail [scotti.russell@dhp.virginia.gov](mailto:scotti.russell@dhp.virginia.gov).

## BOARD OF PHYSICAL THERAPY

**August 19, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A regular business meeting.

**Contact:** Elizabeth Young, Executive Director, Board of Physical Therapy, Alcoa Bldg., 6603 West Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY , e-mail [elizabeth.young@dhp.virginia.gov](mailto:elizabeth.young@dhp.virginia.gov).

## POLYGRAPH EXAMINERS ADVISORY BOARD

**September 1, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business. The meeting is open to the public; however a portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** Kevin Hoeft, Regulatory Boards Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY , e-mail [kevin.hoeft@dpor.virginia.gov](mailto:kevin.hoeft@dpor.virginia.gov).

## BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION

**† September 19, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A quarterly board meeting.

**Contact:** Judith A. Spiller, Executive Secretary, Board for Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8519, FAX (804) 367-9537, (804) 367-9753/TTY , e-mail [judy.spiller@dpor.virginia.gov](mailto:judy.spiller@dpor.virginia.gov).

## BOARD OF PSYCHOLOGY

**July 12, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor Richmond, Virginia. 

A business meeting to include reports from standing committees and any regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

**July 12, 2005 - Noon** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor Richmond, Virginia. 

A meeting of the Ad Hoc Committee on Technical Assistance to develop guidance for the use of technical assistance.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

**† July 15, 2005 - 11 a.m.** -- Open Meeting  
Holiday Inn Select, 601 Main Street, Lynchburg, Virginia.

An informal conference.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

**August 23, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A formal hearing.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX

(804) 662-9943, (804) 662-7197/TTY ☎, e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

## VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD

**June 30, 2005 - 10 a.m.** -- Open Meeting  
Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, Virginia. ♿

An advisory board meeting.

**Contact:** Janet Dingle Brown, Esq., Public Guardianship Coordinator and Legal Services Developer, Virginia Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-7049, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY ☎, e-mail [janet.brown@vda.virginia.gov](mailto:janet.brown@vda.virginia.gov).

## VIRGINIA RACING COMMISSION

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Virginia Racing Commission intends to amend regulations entitled **11 VAC 10-20, Regulations Pertaining to Horse Racing with Pari-Mutuel Wagering**. The purpose of the proposed action is to specify certain procedures for the transfer or acquisition of an interest in an existing owner's, owner-operator's, or operator's license.

Statutory Authority: § 59.1-369 of the Code of Virginia.

**Contact:** David S. Lermond, Jr., Regulatory Coordinator, Virginia Racing Commission, 10700 Horsemen's Rd., New Kent, VA 23124, telephone (804) 966-7404, FAX (804) 966-7418 or e-mail [david.lermond@vrc.virginia.gov](mailto:david.lermond@vrc.virginia.gov).

## REAL ESTATE APPRAISER BOARD

**August 23, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4 West Conference Room, Richmond, Virginia. ♿

A meeting to discuss board business.

**Contact:** Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [karen.oneal@dpor.virginia.gov](mailto:karen.oneal@dpor.virginia.gov).

## REAL ESTATE BOARD

† **June 29, 2005 - 7 p.m.** -- Public Hearing  
City Council Chambers, 306 Cedar Road, 1st Floor, Chesapeake, Virginia.

† **July 6, 2005 - 7 p.m.** -- Public Hearing  
Fairfax County Government Complex, 12000 Government Center Parkway, Conference Rooms 4 and 5, Fairfax, Virginia.

† **July 13, 2005 - 10 a.m.** -- Public Hearing  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 5W, Richmond, Virginia. ♿

A public hearing to receive public comment on the study set forth in House Joint Resolution 686.

**Contact:** Thomas K. Perry, Property Registration Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail [proreg@dpor.virginia.gov](mailto:proreg@dpor.virginia.gov).

† **July 14, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. ♿

An informal fact-finding conference.

**Contact:** Christine Martine, Executive Director, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [reboard@dpor.virginia.gov](mailto:reboard@dpor.virginia.gov).

## VIRGINIA RESEARCH AND TECHNOLOGY ADVISORY COMMISSION

† **September 20, 2005 - 11 a.m.** -- Open Meeting  
Greater Richmond Convention Center, 403 North 3rd Street, Richmond, Virginia.

Email Nancy Vorona for more information and to participate in the meeting.

**Contact:** Nancy Vorona, VP Research Investment, CIT, Virginia Research and Technology Advisory Commission, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3043, FAX (703) 464-1720, e-mail [nvorona@cit.org](mailto:nvorona@cit.org).

## VIRGINIA RESOURCES AUTHORITY

† **July 12, 2005 - 9 a.m.** -- Open Meeting  
† **August 9, 2005 - 9 a.m.** -- Open Meeting  
Eighth and Main Building, 707 East Main Street, 2nd Floor, Richmond, Virginia. ♿

A regular meeting of the Board of Directors to (i) review and, if appropriate, approve the minutes from the most recent monthly meeting; (ii) review the authority's operations for the prior month; (iii) review applications for loans submitted to the authority for approval; (iv) consider loan commitments for approval and ratification under its

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# Calendar of Events

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various programs; (v) approve the issuance of any bonds; (vi) review the results of any bond sales; and (vii) consider such other matters and take such other actions as it may deem appropriate. Various committees of the Board of Directors may also meet immediately before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting and any committee meetings will be available at the offices of the authority one week prior to the date of the meeting. Any person who needs any accommodation in order to participate in the meeting should contact the authority at least 10 days before the meeting so that suitable arrangements can be made.

**Contact:** Bonnie R. C. McRae, Executive Assistant, Virginia Resources Authority, 707 E. Main St., Richmond, VA 23219, telephone (804) 644-3100, FAX (804) 644-3109, e-mail [bmcrac@vra.state.va.us](mailto:bmcrac@vra.state.va.us).

## SEWAGE HANDLING AND DISPOSAL APPEAL REVIEW BOARD

**June 29, 2005 - 10 a.m.** -- Open Meeting

**August 10, 2005 - 10 a.m.** -- Open Meeting

† **September 14, 2005 - 10 a.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. 

A meeting to hear appeals of health department denials of septic tank permits.

**Contact:** Susan Sherertz, Secretary to the Board, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7464, FAX (804) 864-7475, e-mail [susan.sherertz@vdh.virginia.gov](mailto:susan.sherertz@vdh.virginia.gov).

## STATE BOARD OF SOCIAL SERVICES

**July 29, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled **22 VAC 40-901, Community Services Block Grant Program**. The purpose of the proposed action is to establish criteria for the expansion of existing community action agencies and the designation of new community action agencies.

Statutory Authority: §§ 2.2-5402 and 63.2-217 of the Code of Virginia.

**Contact:** J. Mark Grigsby, Director, Office of Community Services, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7922, FAX (804) 726-7946 or e-mail [james.grigsby@dss.virginia.gov](mailto:james.grigsby@dss.virginia.gov).

**August 16, 2005 - 9 a.m.** -- Open Meeting  
Department of Social Services, 7 North 8th Street, 6th Floor, Conference Room, Richmond, Virginia. 

New member orientation.

**Contact:** Pat Rengnerth, State Board Liaison, State Board of Social Services, Office of Legislative and Regulatory Affairs, 7

N. 8th St., Room 5214, Richmond, VA 23219, telephone (804) 726-7905, FAX (804) 726-7906, (800) 828-1120/TTY , e-mail [patricia.rengnerth@dss.virginia.gov](mailto:patricia.rengnerth@dss.virginia.gov).

**August 17, 2005 - 9 a.m.** -- Open Meeting

**August 18, 2005 - 9 a.m.** -- Open Meeting

Department of Social Services, 1701 High Street, Portsmouth, Virginia. 

A regular meeting. Public comment will be received at 1:30 p.m.

**Contact:** Pat Rengnerth, State Board Liaison, State Board of Social Services, Office of Legislative and Regulatory Affairs, 7 N. 8th St., Room 5214, Richmond, VA 23219, telephone (804) 726-7905, FAX (804) 726-7906, (800) 828-1120/TTY , e-mail [patricia.rengnerth@dss.virginia.gov](mailto:patricia.rengnerth@dss.virginia.gov).

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† **August 26, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled **22 VAC 40-740, Adult Protective Services**. The purpose of the proposed action is to provide guidelines to local departments of social services for investigating reports and protecting the health, safety, and welfare of the elderly and adults who are incapacitated and to maximize statewide consistency in the implementation of the adult protective services program following comprehensive APS legislation in the 2004 General Assembly.

Statutory Authority: § 63.2-217 and Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 54.1 of the Code of Virginia.

**Contact:** Sue Murdock, Adult Services Program Consultant, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7616, FAX (804) 726-7895 or e-mail [susan.murdock@dss.virginia.gov](mailto:susan.murdock@dss.virginia.gov).

## BOARD OF SOCIAL WORK

† **July 13, 2005 - 10 a.m.** -- Open Meeting

Department of Health Professions, 6603 West Broad Street, Fifth Floor, Richmond, Virginia. 

Informal conferences to hear possible violations of the laws and regulations governing the practice of social work.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-7250, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

† **September 16, 2005 - 10 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. 

A meeting to conduct regular board business.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor,

Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-7250, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

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## BOARD FOR PROFESSIONAL SOIL SCIENTISTS AND WETLAND PROFESSIONALS

**July 13, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct board business. The meeting is open to the public; however a portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Professional Soil Scientists and Wetland Professionals, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail soilscientist@dpor.virginia.gov.

## COUNCIL ON TECHNOLOGY SERVICES

**August 25, 2005 - 2 p.m.** -- Open Meeting  
Department of Transportation, 1221 East Broad Street,  
Auditorium, Richmond, Virginia. ♿

A regular meeting of the advisory council to the chief information officer of the Commonwealth on matters related to information technology in the Commonwealth.

**Contact:** Jennifer W. Hunter, Special Assistant for Communications/COTS Executive Director, Council on Technology Services, 411 E. Franklin St., Suite 500, Richmond, VA 23219, telephone (804) 343-9012, FAX (804) 343-9015, e-mail jenny.hunter@vita.virginia.gov.

## COMMONWEALTH TRANSPORTATION BOARD

**July 12, 2005 - 7 p.m.** -- Open Meeting  
Stafford County Board of Supervisors Chambers, 1300  
Courthouse Road, Stafford, Virginia. ♿

The first meeting of the I-95/395 PPTA Advisory Panel to receive a presentation by the two teams proposing improvements to the I-95/395 corridor, followed by questions by the Advisory Panel. Public comment will not be received at this meeting. The September 14, 2005, meeting is planned for public comments. Proceedings will be televised over the county's cable network.

**Contact:** Robert L. Trachy, Jr., Project Manager, Commonwealth Transportation Board, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-4263, e-mail larry.trachy@vdot.virginia.gov.

**July 15, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commonwealth Transportation Board intends to adopt regulations entitled **24 VAC 30-121, Comprehensive Roadside Management Program Regulations**. The purpose of the proposed action is to promulgate roadside management regulations to fulfill the directives of Chapter 679 of the 2004 Acts of Assembly.

Statutory Authority: §§ 33.1-12 and 33.1-223.2:9 of the Code of Virginia.

**Contact:** Jacob Porter, Roadside Operations Program Manager, Commonwealth Transportation Board, Asset Management Division, Monroe Tower, 1401 E. Broad St., 19th Floor, Richmond, VA 23219, telephone (804) 786-7218, FAX (804) 786-7987, e-mail jacobporter@vdot.virginia.gov.

**† July 20, 2005 - 2 p.m.** -- Open Meeting  
Department of Transportation 1221 East Broad Street,  
Auditorium, Richmond, Virginia. ♿

A work session of the Commonwealth Transportation Board and transportation staff.

**Contact:** Carol A. Mathis, Administrative Staff Assistant, Virginia Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2701, FAX (804) 786-2940, e-mail carol.mathis@vdot.virginia.gov.

**† July 21, 2005 - 9 a.m.** -- Open Meeting  
Department of Transportation, 1221 East Broad Street,  
Auditorium, Richmond, Virginia. ♿

A regularly scheduled meeting to transact board business, such as permits, additions/deletions to the highway system, and other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be held on call of the chairman. Contact VDOT Public Affairs at (804) 786-2715 for schedule.

**Contact:** Carol A. Mathis, Administrative Staff Assistant, Virginia Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2701, FAX (804) 786-2940, e-mail carol.mathis@vdot.virginia.gov.

**July 26, 2005 - 7 p.m.** -- Open Meeting  
Arlington County Board Meeting Room, 2100 Clarendon  
Boulevard, Arlington, Virginia. ♿

The second meeting of the I-95/395 PPTA Advisory Panel to consider two proposals for improvements to the I-95/395 corridor. Public comment will not be received at this meeting. Public comments are planned to be received at the September 14, 2005, meeting. Proceedings will be televised over the county's cable network.

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**Contact:** Robert L. Trachy, Jr., Project Manager, Commonwealth Transportation Board, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-4263, FAX (804) 225-4700, e-mail larry.trachy@vdot.virginia.gov.

† **September 14, 2005 - 7 p.m.** -- Open Meeting  
McCoart Administrative Building, 1 County Complex, Prince William County Board of Supervisors Meeting Room, Prince William, Virginia. 

The third meeting of the PPTA Advisory Panel to consider two proposals for improvements to the corridor. Proceedings will be televised over the county's cable network. Public comments will be received.

**Contact:** Robert L. Trachy, Jr., Project Manager, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-4263, e-mail larry.trachy@vdot.virginia.gov.

## TREASURY BOARD

**July 20, 2005 - 9 a.m.** -- Open Meeting  
James Monroe Building, 101 North 14th Street, 3rd Floor, Treasury Board Room, Richmond, Virginia. 

A regular meeting.

**Contact:** Melissa Mayes, Secretary, Department of the Treasury, 101 N. 14th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-6011, FAX (804) 786-0833, e-mail melissa.mayes@trs.virginia.gov.

## DEPARTMENT OF VETERANS SERVICES

### Joint Leadership Council of Veterans Service Organizations

**July 13, 2005 - 11 a.m.** -- Open Meeting  
Location to be determined.

A regular meeting. Public comment will be received at approximately 12:30 p.m.

**Contact:** Steven Combs, Assistant to the Commissioner, Department of Veterans Services, 900 E. Main St., Richmond VA 23219, telephone (804) 786-0294, e-mail steven.combs@dvs.virginia.gov.

### Board of Veterans Services

**June 27, 2005 - 11 a.m.** -- Open Meeting  
American Legion Post 176, 6520 Amherst Avenue, Springfield, Virginia. 

A regular meeting. Public comment will be received at approximately 12:30 p.m.

**Contact:** Steven Combs, Assistant to the Commissioner, Department of Veterans Services, 900 E. Main St., Richmond VA 23219, telephone (804) 786-0294, e-mail steven.combs@dvs.virginia.gov.

## BOARD OF VETERINARY MEDICINE

† **July 13, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

Informal hearings (disciplinary proceedings). Public comment will not be received.

**Contact:** Terri Behr, Administrative Assistant, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9915, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail terri.behr@dhp.virginia.gov.

## BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

† **August 11, 2005 - 10:30 a.m.** -- Public Hearing  
Department of Profession and Occupational Regulation, 3600 West Broad Street, 4th Floor, Conference Room 4 West, Richmond, Virginia.

† **August 26, 2005** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board for Waste Management Facility Operators intends to amend regulations entitled **18 VAC 155-20, Waste Management Facility Operators Regulations**. The purpose of the proposed action is to (i) create a new license classification (Class V) for Municipal Solid Waste (MSW) composting facilities and move MSW composting from Class II to the new Class V; (ii) clarify that a waste management facility for which the board has not established training and licensure requirements may be operated by a Class I licensee; (iii) require applicants using experience to substitute for a high school diploma to have obtained that experience during the seven years immediately preceding the date of application; (iv) require applicants to document at least one year of experience with a waste management facility in order to qualify for licensure; (v) repeal language requiring facility specific training to have been completed after January 1, 1989, and language concerning the first renewal after May 1, 2000, which assigned a single expiration date to all classes of license held by a single individual; (vi) require license renewal applicants to state that they are in compliance with all Virginia and federal laws and regulations; (vii) amend the training course curriculum section to be more reflective of current technology and training needs, to amend Class II training to remove MSW composting requirements, and to create a new curriculum for Class V MSW composting; and (viii) make renewing a license through fraudulent means or misrepresentation a ground for license denial and disciplinary action and to cite the provisions of § 54.1-204 of the Code of Virginia pertinent to applicants with criminal convictions.

Statutory Authority: § 54.1-2211 of the Code of Virginia.

**Contact:** David Dick, Executive Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0219, FAX (804) 367-6128 or e-mail wastemtgd@dpor.virginia.gov.

## STATE WATER CONTROL BOARD

NOTE: CHANGE IN MEETING TIME

† **June 28, 2005 - 9 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House  
Room C, Richmond, Virginia.

A regular board meeting.

**Contact:** Cindy Berndt, Regulatory Coordinator, Department  
of Environmental Quality, P.O. Box 10009, Richmond, VA  
23240, telephone (804) 698-4378, FAX (804) 698-4346,  
e-mail [cmberndt@deq.virginia.gov](mailto:cmberndt@deq.virginia.gov).

**July 7, 2005- 10 a.m.** -- Open Meeting

**August 9, 2005 - 10 a.m.** -- Open Meeting  
Department of Environmental Quality, Piedmont Regional  
Office, 4949-A Cox Road, Glen Allen, Virginia. 

A meeting of the advisory committee assisting in the  
development of amendments to the water quality standards  
to establish nutrient criteria for lakes. Meeting date is  
tentative and interested persons should confirm the meeting  
with the contact person.

**Contact:** Eleanore Daub, Department of Environmental  
Quality, P.O. Box 10009, Richmond, VA 23240, telephone  
(804) 698-4111, FAX (804) 698-4116, e-mail  
[emdaub@deq.virginia.gov](mailto:emdaub@deq.virginia.gov).

**July 14, 2005 - 9:30 a.m.** -- Open Meeting

Department of Environmental Quality, Piedmont Regional  
Office, 4949-A Cox Road, Glen Allen, Virginia. 

A meeting of the advisory committee assisting in the  
development of amendments to the Virginia Water  
Protection Permit Regulation.

**Contact:** William K. Norris, Department of Environmental  
Quality, P.O. Box 10009, Richmond, VA 23240, telephone  
(804) 698-4022, FAX (804) 698-4224, e-mail  
[wknorris@deq.virginia.gov](mailto:wknorris@deq.virginia.gov).

**August 25, 2005 - 9:30 a.m.** -- Open Meeting

† **September 16, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Environmental Quality, Piedmont Regional  
Office, 4949-A Cox Road, Glen Allen, Virginia. 

A meeting of the advisory committee assisting in the  
development of amendments to the Virginia Water  
Protection Permit Regulation.

**Contact:** William K. Norris, Department of Environmental  
Quality, P.O. Box 10009, Richmond, VA 23240, telephone  
(804) 698-4022, FAX (804) 698-4224, e-mail  
[wknorris@deq.virginia.gov](mailto:wknorris@deq.virginia.gov).

## BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

† **August 11, 2005 - 9 a.m.** -- Public Hearing  
Department of Profession and Occupational Regulation, 3600  
West Broad Street, 4th Floor, Conference Room 4 West,  
Richmond, Virginia.

† **August 26, 2005** - Public comments may be submitted until  
this date.

Notice is hereby given in accordance with § 2.2-4007 of the  
Code of Virginia that the Board for Waterworks and  
Wastewater Works Operators intends to amend regulations  
entitled **18 VAC 160-20, Board for Waterworks and  
Wastewater Works Operators**. The purpose of the  
proposed action is to allow applicants that meet all of the  
board's license qualification requirements except for  
experience at a classified facility to sit for the board's  
examination. Those so qualified who do pass the  
examination will be issued a conditional license. A full  
license will be issued upon receipt of documentation of half  
of the classified facility experience from a conditional  
license holder. The public health, safety and welfare will  
benefit from a larger pool of qualified individuals that can  
more quickly become licensed to operate a classified facility  
and from the operation of nonclassified facilities by those  
who have met the standards set by the board's regulations.  
The goal is to allow individuals who are technically qualified  
but who have not obtained experience at a classified facility  
operated under the oversight of the Virginia Department of  
Health or the Virginia Department of Environmental Quality  
to sit for the board's examination. The board expects a  
disproportionately large number of operator retirements in  
the coming years and feels that this amendment will create  
a pool of qualified individuals that can become licensed  
after a relatively short period of employment at a classified  
facility. Costs to the facilities (many of which are publicly  
owned and funded) to recruit replacements should be  
reduced as a result.

Conditional licensees operating nonclassified facilities  
would be under the disciplinary authority of the board. The  
board can take action against a conditional license holder  
should his operation cause an adverse affect to the  
consuming public or to the classified facilities receiving his  
treated waste.

Statutory Authority: § 54.1-2301 of the Code of Virginia.

**Contact:** David Dick, Executive Director, Board for Waste  
Management Facility Operators, 3600 W. Broad St.,  
Richmond, VA 23230, telephone (804) 367-0219, FAX (804)  
367-6128 or e-mail [wastemtg@dpor.virginia.gov](mailto:wastemtg@dpor.virginia.gov).

† **September 14, 2005 - 8:30 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business.

**Contact:** David E. Dick, Executive Director, Board for  
Waterworks and Wastewater Works Operators, 3600 W.  
Broad St., Richmond, VA 23230, telephone (804) 367-8507,

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# Calendar of Events

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FAX (804) 367-6128, (804) 367-9753/TTY ☎, e-mail waterwasteoper@dpor.virginia.gov.

## INDEPENDENT

### STATE LOTTERY BOARD

† **July 13, 2005 - 9 a.m.** -- Open Meeting  
Richmond Omni Hotel, 100 South 12th Street, Roanoke Room, Richmond, Virginia. ♿

A regular meeting to conduct routine business. There will be an opportunity for public comment shortly after the meeting is convened.

**Contact:** Frank S. Ferguson, Director, Legislative and Regulatory Affairs, State Lottery Department, 900 E. Main St., Richmond, VA 23219, telephone (804) 692-7901, FAX (804) 692-7905, e-mail fferguson@valottery.state.va.us.

### VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY

#### Board for Protection and Advocacy

**July 19, 2005 - 9 a.m.** -- Open Meeting  
† **September 20, 2005 - 9 a.m.** -- Open Meeting  
Virginia Office for Protection and Advocacy, Byrd Building, 1910 Byrd Avenue, Suite 5, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

Public comment is welcomed and will be accepted at the start of the meeting. If you wish to provide public comment via telephone, or if interpreter services or other accommodations are required, please contact Lisa Shehi no later than Tuesday, July 5, 2005.

**Contact:** Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail lisa.shehi@vopa.virginia.gov.

#### Disabilities Advisory Council

NOTE: CHANGE IN MEETING DATE  
**July 27, 2005 - 10 a.m.** -- Open Meeting  
Virginia Office for Protection and Advocacy, 1910 Byrd Avenue, Suite 5, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

Public comment is welcome and will be received at the beginning of the meeting. For those needing interpreter services or other accommodations, please contact Delicia (Dee) Vance by July 14, 2005.

**Contact:** Delicia Vance, Outreach Advocate, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 662-7099, FAX (804) 662-7057, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail delicia.vance@vopa.virginia.gov.

### PAIMI Advisory Council

**August 11, 2005 - 10 a.m.** -- Open Meeting  
Location to be announced.

Public comment is welcome and will be received at the beginning of the meeting. For those needing interpreter services or other accommodations, please contact Delicia (Dee) Vance by July 29, 2005.

**Contact:** Delicia Vance, Outreach Advocate, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 662-7099, FAX (804) 662-7057, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail delicia.vance@vopa.virginia.gov.

### VIRGINIA RETIREMENT SYSTEM

**August 16, 2005 - Noon** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Optional Retirement Plan Advisory Committee. No public comment will be received at the meeting.

**Contact:** LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main Street, Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY ☎, or e-mail lking@vrs.state.va.us.

**August 17, 2005 - 2:30 p.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

Meetings of the following committees:

- 11 a.m. - Investment Advisory
- 2:30 p.m. - Benefits and Actuarial
- 4 p.m. - Audit and Compliance
- 4 p.m. - Administration and Personnel

No public comment will be received.

**Contact:** LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY ☎, e-mail lking@vrs.state.va.us.

**August 18, 2005 - 8:30 a.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Board of Trustees. No public comment will be received at the meeting.

**Contact:** LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY ☎, or e-mail lking@vrs.state.va.us.

NOTE: CHANGE IN MEETING DATE AND TIME

† **August 18, 2005 - 8:30 a.m.** -- Open Meeting  
Location to be determined. ♿

The Board of Trustees annual retreat. Details will be posted at a later date.

**Contact:** LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY ♿, e-mail lking@vrs.state.va.us.

## LEGISLATIVE

### JOINT COMMISSION ON ADMINISTRATIVE RULES

† **August 10, 2005 - 1 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Elizabeth Palen, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218 at least seven days prior to the meeting.

**Contact:** Nathan Hatfield, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

### JOINT SUBCOMMITTEE STUDYING THE APPROPRIATE BALANCE OF POWER BETWEEN THE LEGISLATIVE AND EXECUTIVE BRANCHES

† **June 28, 2005 - 1 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Ginny Edwards, Division of Legislative Services, (804) 786-3591.

**Contact:** Scott Maddrea, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

† **July 11, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. ♿

A meeting to discuss VRS oversight.

**Contact:** Trish Bishop, Principal Legislative Analyst, Joint Legislative Audit and Review Commission, General Assembly Bldg., 910 Capitol St., Suite 1100, Richmond, VA 23219,

telephone (804) 786-1258, FAX (804) 371-0101, e-mail tbishop@leg.state.va.us.

### JOINT SUBCOMMITTEE STUDYING CONFLICTS OF INTEREST AND LOBBYING DISCLOSURE FILINGS

† **June 28, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

† **July 19, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Amigo Wade, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Teague, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### VIRGINIA CODE COMMISSION

**July 27, 2005 - 10 a.m.** -- Open Meeting  
**August 17, 2005 - 10 a.m.** -- Open Meeting  
**September 21, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, 6th Floor, Speaker's Conference Room, Richmond, Virginia. ♿

A meeting to continue work on the 2007 Code of Virginia project.

**Contact:** Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Building, 2nd Floor, 910 Capitol Street, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625 or e-mail jchaffin@leg.state.va.us.

### VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL

**August 31, 2005 - 1 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

An agenda for the meeting will be posted as soon as it is available.

**Contact:** Maria Everett, Executive Director, Virginia Freedom of Information Advisory Council, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 255-3056, FAX (804) 371-0169, toll-free (866) 448-4100.

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## Calendar of Events

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### JOINT SUBCOMMITTEE TO EXAMINE THE COST AND FEASIBILITY OF RELOCATING THE MUSEUM AND WHITE HOUSE OF THE CONFEDERACY

† **July 22, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Robie Ingram or Bryan Stogdale, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Teague, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE STUDYING THE PUBLIC RECORDS ACT

† **July 29, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Lisa Wallmeyer, Division of Legislative Services, (804) 786-3591.

**Contact:** Lori Maynard, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE STUDYING REDUCTION OF HIGHWAY NOISE ABATEMENT COSTS

**July 19, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Alan Wambold Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Regen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE STUDYING MEDICAL, ETHICAL, AND SCIENTIFIC ISSUES RELATING TO STEM CELL RESEARCH

† **August 17, 2005 - 10 a.m.** -- Open Meeting  
† **September 21, 2005 - 10 a.m.** -- Open Meeting  
† **November 15, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Norma Szakal or Amy Marschean, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Regen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT COMMISSION ON TECHNOLOGY AND SCIENCE

† **June 29, 2005 - 2 p.m.** -- Open Meeting  
† **August 2, 2005 - 2 pm.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the JCOTS Integrated Government Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

† **June 30, 2005 - 2 p.m.** -- Open Meeting  
† **July 20, 2005 - 2 p.m.** -- Open Meeting  
† **September 14, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the JCOTS Nanotechnology Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

† **July 19, 2005 - 10 a.m.** -- Open Meeting  
† **September 12, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the JCOTS Emerging Technology Issues Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

† **August 3, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the JCOTS Privacy Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

### HOUSE TRANSPORTATION SPECIAL SUBCOMMITTEE

† **June 28, 2005 - 2 p.m.** -- Open Meeting  
Fairfax County Chamber of Commerce, 8230 Old Courthouse Road, Suite 350, Fairfax, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Alan Wambold or Stephanie Bishop, Division of Legislative Services, (804) 786-3591.

**Contact:** Scott Maddrea, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

**VIRGINIA UNIFORM LAWS COMMISSIONERS**

† **July 18, 2005 - 8 a.m.** -- Open Meeting  
 General Assembly Building, 9th and Broad Streets, 4th Floor  
 West Conference Room, Richmond, Virginia. 📍

A meeting to review Uniform Acts to be considered by the National Conference of Commissioners on Uniform State Laws at its annual meeting in July.

**Contact:** Jessica D. French, Senior Attorney, Division of Legislative Services, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-8705, e-mail jfrench@leg.state.va.us.

**JOINT SUBCOMMITTEE STUDYING OPTIONS TO PROVIDE A LONG-TERM FUNDING SOURCE TO CLEAN UP VIRGINIA'S POLLUTED WATERS, INCLUDING THE CHESAPEAKE BAY AND ITS TRIBUTARIES**

† **July 20, 2005 - 10 a.m.** -- Open Meeting  
 General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 📍

A regular meeting. For questions regarding the meeting agenda, contact Marty Farber, Mark Vucci or David Rosenberg, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Teague, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

**JOINT SUBCOMMITTEE STUDYING THE VOTING EQUIPMENT CERTIFICATION PROCESS**

NOTE: CHANGE IN MEETING DATE, TIME AND LOCATION  
 † **July 19, 2005 - 12:30 p.m.** -- Open Meeting  
 General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. 📍

NOTE: CHANGE IN MEETING TIME  
 † **August 22, 2005 - 12:30 p.m.** -- Open Meeting  
 † **November 21, 2005 - 1 p.m.** -- Open Meeting  
 General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 📍

A regular meeting. For questions regarding the meeting agenda, contact Mary Spain or Jack Austin, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Regen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

**CHRONOLOGICAL LIST**

**OPEN MEETINGS**

**June 27**  
 † Accountancy, Board of

Environmental Quality, Department of  
 Veterans Services, Department of  
 - Board of Veterans Services

**June 28**  
 Agriculture and Consumer Services, Department of  
 - Virginia Egg Board  
 † Appropriate Balance of Power Between the Legislative and Executive Branches, Joint Subcommittee Studying the  
 † Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for  
 † Conflicts of Interest and Lobbyist Disclosure Filings, Joint Subcommittee Studying  
 Conservation and Recreation, Department of  
 - Virginia Scenic River Board  
 Contractors, Board for  
 Criminal Justice Services Board  
 - Private Security Services Advisory Board  
 † Elections, State Board of  
 † Funeral Directors and Embalmers, Board of  
 † House Transportation Special Subcommittee  
 Marine Resources Commission  
 Medicine, Board of  
 People with Disabilities, Virginia Board for  
 † Water Control Board, State

**June 29**  
 Accountancy, Board of  
 Agriculture and Consumer Services, Department of  
 - Virginia Wine Board  
 † Health Professions, Department of  
 People with Disabilities, Virginia Board for  
 Sewage Handling and Disposal Appeal Review Board  
 † Technology and Science, Joint Commission on

**June 30**  
 † Cervical Cancer, Governor's Task Force on  
 † Pharmacy, Board of  
 Public Guardian and Conservator Advisory Board, Virginia  
 † Technology and Science, Joint Commission on

**July 5**  
 Alcoholic Beverage Control Board

**July 6**  
 Emergency Planning Committee, Local - City of Winchester

**July 7**  
 Auctioneers Board  
 Contractors, Board for  
 Dentistry, Board of  
 Water Control Board, State

**July 8**  
 Art and Architectural Review Board  
 Dentistry, Board of

**July 11**  
 † Audit and Review Commission, Joint Legislative  
 † Motor Vehicle Dealer Board

**July 12**  
 Blind and Vision Impaired, Board for the  
 † Cemetery Board  
 Child Fatality Review Team, State  
 † Environmental Quality, Department of  
 † Funeral Directors and Embalmers, Board of  
 † Health, Department of  
 Medical Assistance Services, Department of

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# Calendar of Events

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Psychology, Board of  
† Resources Authority, Virginia  
Transportation Board, Commonwealth

## July 13

Agriculture and Consumer Services, Board of  
† Economic Development Partnership, Virginia  
Information Technologies Agency, Virginia  
- E-911 Wireless Services Board  
† Lottery Board, State  
† Social Work, Board of  
Soil Scientists and Wetland Professionals, Board for  
Professional  
Veterans Services, Department of  
- Joint Leadership Council of Veterans Service  
Organizations  
† Veterinary Medicine, Board of

## July 14

Economic Development Partnership, Virginia  
† Contractors, Board for  
† Environmental Quality, Department of  
† Health Professions, Board of  
Higher Education for Virginia, State Council of  
Medicine, Board of  
† Real Estate Board  
Water Control Board, State

## July 15

Dentistry, Board of  
† Psychology, Board of

## July 18

Alcoholic Beverage Control Board  
† Education, Board of  
Hearing Aid Specialists, Board for  
Local Government, Commission on  
Nursing, Board of  
† Uniform Laws Commissioners, Virginia

## July 19

† Conflicts of Interest and Lobbyist Disclosure Files, Joint  
Subcommittee Studying  
Contractors, Board for  
Corrections, Board of  
Environmental Quality, Department of  
Higher Education for Virginia, State Council of  
Nursing, Board of  
Protection and Advocacy, Virginia Office for  
- Board for Protection and Advocacy  
Reduction of Highway Noise Abatement Costs, Joint  
Subcommittee Studying  
† Technology and Science, Joint Commission on  
Voting Equipment Certification Process, Joint  
Subcommittee Studying the

## July 20

Agriculture and Consumer Services, Department of  
- Virginia Small Grains Board  
Community Colleges, State Board for  
† Compensation Board  
Corrections, Board of  
† Environmental Quality, Department of  
Health, Department of  
- Radiation Advisory Board  
Medical Assistance Services, Department of  
Nursing, Board of  
† Technology and Science, Joint Commission on

† Transportation Board, Commonwealth  
Treasury Board  
† Virginia's Polluted Waters, Including the Chesapeake Bay  
and its Tributaries, Joint Subcommittee Studying Options  
to Provide a Long-Term Funding Source to Clean Up

## July 21

Community Colleges, State Board for  
Design-Build/Construction Management Review Board  
Education, Department of  
- State Special Education Advisory Committee  
Nursing, Board of  
† Transportation Board, Commonwealth

## July 22

Dentistry, Board of  
Education, Department of  
- State Special Education Advisory Committee  
† Museum and White House of the Confederacy, Joint  
Subcommittee to Examine the Cost and Feasibility of  
Relocating the  
Opticians, Board for

## July 26

Accountancy, Board of  
Housing and Community Development, Board of  
Olmstead Oversight Advisory Committee  
Transportation Board, Commonwealth

## July 27

Code Commission, Virginia  
† Economic Development Partnership, Virginia  
Education, Board of  
Geology, Board for  
Medicine, Board of  
- Advisory Board on Radiologic Technology  
Nursing Home Administrators, Board of  
Protection and Advocacy, Virginia Office for  
- Disabilities Advisory Council

## July 28

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for

## July 29

Branch Pilots, Board for  
† Public Records Act, Joint Subcommittee Studying the

## August 1

Alcoholic Beverage Control Board

## August 2

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Land Evaluation Advisory Council, State  
Medicine, Board of  
- Advisory Board on Occupational Therapy  
- Advisory Board on Respiratory Care  
† Nursing, Board of  
† Technology and Science, Joint Commission on

## August 3

Deaf and Hard-of-Hearing, Department for the  
Jamestown-Yorktown Foundation  
Medicine, Board of  
- Advisory Board on Acupuncture  
† Technology and Science, Joint Commission on

## August 4

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Medicine, Board of  
- Advisory Board on Athletic Training  
- Advisory Board on Physician Assistants

## August 5

Art and Architectural Review Board

## August 9

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
† Nursing, Board of  
† Resources Authority, Virginia  
Water Control Board, State

## August 10

† Administrative Rules, Joint Commission on  
Contractors, Board for  
Sewage Handling and Disposal Appeal Review Board

## August 11

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Medical Assistance Services, Department of  
Olmstead Oversight Advisory Committee  
Protection and Advocacy, Virginia Office for  
- PAIMI Advisory Council

## August 12

Dentistry, Board of

## August 15

Alcoholic Beverage Control Board  
Barbers and Cosmetology, Board for

## August 16

† Nursing, Board of  
Retirement System, Virginia  
Social Services, State Board of

## August 17

Asbestos, Lead, and Home Inspectors, Virginia Board for  
Code Commission, Virginia  
† Milk Commission, State  
Retirement System, Virginia  
Social Services, State Board of  
† Stem Cell Research, Joint Subcommittee Studying  
Medical, Ethical, and Scientific Issues Relating to

## August 18

Audiology and Speech-Language Pathology, Board of  
Design-Build/Construction Management Review Board  
Retirement System, Virginia  
Social Services, State Board of

## August 19

Health Professions, Department of  
- Health Practitioners Intervention Program Committee  
Medicine, Board of  
Physical Therapy, Board of

## August 22

Voting Equipment Certification Process, Joint  
Subcommittee Studying the

## August 23

† Nursing, Board of  
Psychology, Board of  
Real Estate Appraiser Board

## August 24

Nursing and Medicine, Joint Boards of

## August 25

† Nursing, Board of  
Technology Services, Council on  
Water Control Board, State

## August 26

Dentistry, Board of

## August 29

Alcoholic Beverage Control Board

## August 30

Contractors, Board for  
† Nursing, Board of

## August 31

Freedom of Information Advisory Council, Virginia  
People with Disabilities, Virginia Board for

## September 1

People with Disabilities, Virginia Board for  
Polygraph Examiners Advisory Board

## September 8

† Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Criminal Justice Services Board

## September 9

Art and Architectural Review Board  
Child Fatality Review Team, State

## September 12

Alcoholic Beverage Control Board  
† Technology and Science, Joint Commission on

## September 13

Gaming Board, Charitable  
Land Evaluation Advisory Council, State  
Medical Assistance Services, Board of  
Olmstead Oversight Advisory Committee  
Pharmacy, Board of

## September 14

† At-Risk Youth and Families, Comprehensive Services for  
† Community Colleges, State Board for  
† Information Technologies Agency, Virginia  
- E-911 Wireless Services Board  
Olmstead Oversight Advisory Committee  
† Sewage Handling and Disposal Appeal Review Board  
† Technology and Science, Joint Commission on  
† Transportation Board, Commonwealth

## September 15

† Community Colleges, State Board for  
† Design-Build/Construction Management Review Board  
† Labor and Industry, Department of  
- Virginia Apprenticeship Council

## September 16

† Dentistry, Board of  
† Medicine, Board of  
† Social Work, Board of  
† Water Control Board, State

## September 19

† Library Board  
† Nursing, Board of  
† Professional and Occupational Regulation, Board for

## September 20

† Corrections, Board of  
† Nursing, Board of

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# Calendar of Events

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† Protection and Advocacy, Board for  
† Research and Technology Advisory Commission, Virginia

**September 21**

Code Commission, Virginia  
† Corrections, Board of  
† Education, Board of  
† Medical Assistance Services, Department of  
† Nursing, Board of  
† Stem Cell Research, Joint Subcommittee Studying  
Medical, Ethical and Scientific Issues Relating to

**September 22**

† Nursing, Board of

**September 26**

† Alcoholic Beverage Control Board

**November 15**

† Stem Cell Research, Joint Subcommittee Studying  
Medical, Ethical and Scientific Issues Relating to

**November 21**

Voting Equipment Certification Process, Joint  
Subcommittee Studying the

## PUBLIC HEARINGS

**June 29**

Environmental Quality, Department of  
† Real Estate Board

**July 6**

† Real Estate Board

**July 7**

Air Pollution Control Board, State  
† Contractors, Board for

**July 13**

Contractors, Board for  
† Real Estate Board

**July 14**

Contractors, Board for  
† Health Professions, Board of  
† Medicine, Board of

**July 18**

Local Government, Commission on

**July 19**

Nursing, Board of

**August 10**

† Mental Health, Mental Retardation and Substance Abuse  
Services, Department of

**August 11**

† Waste Management Facility Operators, Board for  
† Waterworks and Wastewater Works Operators, Board for

**August 15**

† Barbers and Cosmetology, Board for

**November 9**

Juvenile Justice, Board of